

Equal Employment Opportunity Form



NOTE: Social AID is an equal opportunity employer and strongly negate discrimination of all kinds and in all forms.

Application Information

Full Name: _____
Last First M.I.

Address: _____
Street Address City ZIP Code

Home Phone: (___ / ___) _____ C.N.I.C. Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with regulations. The information is voluntary and will not be used when considering you for employment with our organization.

Racial or Ethnic Group

- Baloch
- Pushtoon
- Punjabi
- Muhajir/Urdu Speaking
- Sindhi
- Other, please specify: _____

Gender / Disability

- Female
- Male
- Disability, please explain: _____

Military / Armed / Or related Service

- Military
- Police or related
- Intelligence
- Other, please specify: _____
- Yes
- No

How did you hear about us?

- Newspaper
- Organization's Employee
- Professional Publication
- Job Fair
- Placement/HR Office
- Social AID Web Site
- Internet Search
- Other _____