

**CITY OF FLINT**

**PURSUANT TO FEDERAL REGULATIONS, WE COLLECT RESPONSES TO THE QUESTIONS BELOW FOR RECORD KEEPING PURPOSES. THIS INFORMATION WILL NOT BE KEPT WITH YOUR APPLICATION FOR EMPLOYMENT. FEDERAL LAW PROHIBITS UNLAWFUL DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGION, OR DISABILITY.**

**NAME:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**CHECK THE BOX FOR THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY:**

- AMERICAN INDIANS** (includes Alaskans)
- ASIAN & ASIAN AMERICAN** (includes Pakistanis, Indians & Pacific Islanders)
- BLACK** (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- HISPANIC** (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- WHITE**

**CHECK THE BOX FOR THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED**

**(check only one):**

- LESS THAN 8<sup>TH</sup> GRADE**
- COMPLETED 8<sup>TH</sup> GRADE**
- ATTENDED HIGH SCHOOL**
- HIGH SCHOOL GRADUATE OR EQUIVALENT**
- ATTENDED COLLEGE AND/OR ASSOCIATE DEGREE**
- COLLEGE GRADUATE**
- ATTENDED GRADUATE SCHOOL**
- MASTERS DEGREE**
- GRADUATE STUDY BEYOND MASTER'S REQUIREMENTS**
- PH.D. OR PROFESSIONAL DEGREE**

**CHECK THE APPROPRIATE BOX:**

- FEMALE**
- MALE**

**PLEASE INDICATE YOUR DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

EEO CATEGORY: \_\_\_\_\_