



EEOC COMPLIANCE QUESTIONNAIRE

CorrectHealth, LLC and Affiliates

THE FOLLOWING STATISTICAL INFORMATION IS REQUIRED FOR COMPLIANCE WITH FEDERAL LAWS ASSURING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, AGE OR HANDICAP AS WELL AS THE VIETNAM ERA READJUSTMENT ACT. THE INFORMATION REQUESTED IS VOLUNTARY AND WILL REMAIN SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

1. Application Date ___/___/___

2. Applicant Social Security Number _____-_____-_____

3. Applicant Name (Last Name, First Name, and Middle Initial)

4. Applicant Address (Street Address, City, State and Zip Code)

5. EEO Codes (Enter number in box)

1. White (Not Hispanic or Latino)
2. Black or African American (Not Hispanic or Latino)
3. Hispanic or Latino
4. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
5. Asian (Not Hispanic or Latino)
6. American Indian or Alaskan Native (Not Hispanic or Latino)
7. Two or More Races (Not Hispanic or Latino)

6. Applicant Birth Date ___/___/___

Questionnaire continues on next page

