South Central Minnesota Joint Apprenticeship and Training Committee for the Electrical Industry

5100 Gamble Drive - Suite 365 Minneapolis, Minnesota 55416
Wats: (800) 229-6323
(612) 591-1800

YOUR APPLICATION Nº IS

Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT, AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR SEX. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

— PLEASE COMPLETE THE FOLLOWING —

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY REQUIRED FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Social Security Number: _____ - _____ - _____

SS Nº IS OFTEN REQUIRED FOR SCHEDULING TESTS AND PROCESSING APPLICATIONS.

Date of Birth: _____ (MONTH) _____ (DAY), 19 _____ (YEAR)

Sex: ☐ Female ☐ Male

Race: *CHECK* ONLY ONE

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White

Ethnic Group: *CHECK* ONLY ONE

- ☐ Hispanic Origin
- ☐ Not of Hispanic Origin

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC REPORTING PURPOSES.