

AFFIRMATIVE ACTION

EQUAL EMPLOYMENT OPPORTUNITY FORM

Explanation: This is a voluntary, confidential form that is kept separate from your application. Montana Tech, as a federal contractor, uses this procedure for obtaining applicant flow information. This flow information is analyzed to determine if our selection process assured equal employment opportunity. We ask your cooperation in providing the following information and returning to: The Personnel Office, 1300 West Park St., Butte, MT 59701.

Position Applied For: _____ Sex: Male Female

Name: _____
(Last) (First) (Middle)

Address: _____ Date of Birth: _____
(Street) (City) (State) (Zip Code) (MM/DD/YY)

Federal and state law prohibits discrimination on the basis of race, color, sex, national origin, creed, religion, age, disability, political affiliation, or marital status.

U.S. Citizen? Yes No Please check one of the following EEO Categories:

If no, indicate Visa Type: _____
Expiration Date: _____

Black (Non-Hispanic)

Hispanic

or Permanent Residency No: _____

Asian or Pacific Islander

Other (Please Specify): _____

American Indian or Alaskan Native

Veteran: _____ Yes _____ No

White (Non-Hispanic)

Disabled Veteran: _____ Yes _____ No

Other (Please Specify) _____

Vietnam Era Veteran: _____ Yes _____ No

Disabled Person: _____ Yes _____ No

Montana Tech recognizes its obligation to provide reasonable accommodations to its employees on account of disability within the budget limitations imposed by the State of Montana.

·Definition of a disabled person: Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and working.

How Did You Learn of this Opening?

Newspaper Advertisement

Posted Notice

Professional Conference

Personal Contact outside Department

Personal Contact within Department

Professional Journal (specify) _____

Other (please specify) _____