# Equal Opportunity Employment Form

**Purpose:** This form collects voluntary demographic information to ensure compliance with Equal Employment Opportunity (EEO) laws and to support our ongoing commitment to workplace diversity and inclusion. The information provided is confidential and used solely for statistical reporting purposes.

## Applicant Information

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Date** |
| {firstName} | {lastName} | {submissionDate} |

## Demographic Information (Voluntary)

*You are not required to complete this section. The information is used only for compliance with federal EEO requirements. Your answers will not affect your application in any way.*

**Gender:** {gender}

**Race/Ethnicity:** {raceEthnicity}

**Veteran Status:** {veteranStatus}

**Disability Status:** {disabilityStatus}

## Protected Veteran Status (Optional)

{#isVeteran}

* **Branch of Service:** {militaryBranch}
* **Dates of Service:** {serviceDates}
* **Discharge Type:** {dischargeType}

{/isVeteran}

## Self-Identification of Disability (Optional)

{#hasDisability}

* **Type of Disability:** {disabilityType}
* **Accommodation Requested:** {accommodation}

{/hasDisability}

{^hasDisability}The applicant has indicated no disability.{/hasDisability}

## Signature

**Signature:** {signature}

**Date signed:** {signatureDate}

*Thank you for helping us maintain fair and inclusive hiring practices. Submission of this form is entirely voluntary and you may decline to provide any of the requested information.*