

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant. This data will assist the department in analyzing affirmative action statistics.

NOTE: This portion of the application will be removed and retained separate from the application files.

INSTRUCTIONS

Please fill in your Social Security Number in the spaces provided below. Select the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with your application for employment.

**SOCIAL SECURITY
NUMBER**



--	--	--	--	--	--	--	--	--	--



A. What sex are you?

1. Male
2. Female



B. What is the highest level of education you have attained?

1. 0 - 8 years
2. 9 - 12 years but not a high school graduate
3. High school graduate (or passed GED test)
4. Post high school vocational or business school training
5. College, less than B.A. or B.S. degree
6. B.A., or B.S., or comparable bachelor's degree
7. M.A., or M.S., or comparable master's degree
8. PhD, JD, LLB, or comparable professional degree
9. MD, or comparable professional degree in medicine



C. Of the following, which racial/ ethnic group do you consider yourself a member?

- W = White
H = Hispanic or Latino
B = Black or African American
A = Asian
NH or OPI = Native Hawaiian or Other Pacific Islander
AI or AN = American Indian or Alaska Native
M = Multiracial (Two or more races)



E. How did you learn about this position?

- | | |
|---|----------------------------|
| 1. MDHE web site | 6. Radio |
| 2. Missouri State Division of Employment Security | 7. Television |
| 3. Other state agency | 8. Newspaper or periodical |
| 4. Friend | 9. School |
| 5. State employee | 10. Other |



F. Do you have a physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment.

- | | | |
|------------------|----------------------|-----------|
| 1. No disability | 5. Epilepsy | 9. Mental |
| 2. Sight | 6. Diabetes | 10. Other |
| 3. Hearing | 7. Cardiac | |
| 4. Amputee | 8. Partial Paralysis | |

RETURN THIS FORM WITH THE APPLICATION FOR EMPLOYMENT TO:

HR@dhewd.mo.gov

Missouri Department of Higher Education & Workforce Development

Attn: Human Resources

P.O. Box 1469

Jefferson City, MO 65102-1469