



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369; TEL: (530) 712-2600; FAX: (530) 895-1848

AFFIRMATIVE ACTION QUESTIONNAIRE

(Equal Employment Opportunity Data)

To aid the Community Action Agency of Butte County, Inc. in its commitment to Equal Employment Opportunity, we ask applicants to voluntarily provide the following information on this form in order to comply with Federal Equal Employment Opportunity Law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program.

This information is solicited on a voluntary basis and **WILL NOT** be used to make any decision about your eligibility, selection or employment. This information will be separated from the application and will only be available to authorized personnel and only for research and statistical purposes. **It WILL NOT have any effect upon your application.**

Date: _____

Name: _____
Last First Middle

Position Applied For: _____

Where did you hear about the position in which you applied? _____

Please complete the following information:

Gender: Female / Male / Choose not to identify

Race/Ethnicity: *(Identified by the Equal Employment Opportunity Commission)*

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian / other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Choose not to identify |

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Individual with a Disability |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Choose not to identify |

To be completed by employer:

EEO-1 Category:

- | | |
|--|--|
| <input type="checkbox"/> 1a. Executive/Senior Level Officials & Managers | <input type="checkbox"/> 5. Administrative Support Workers |
| <input type="checkbox"/> 1b. First/Mid-Level Officials & Managers | <input type="checkbox"/> 6. Craft Workers |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers & Helpers |
| <input type="checkbox"/> 4. Sales Workers | <input type="checkbox"/> 9. Service Workers |

Employer information completed by:

Name: Lena Nine-Parish, Human Resources Representative

Date: _____