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: ________________

or Permanent Residency No: ________________

Other (Please Specify): ________________

Veteran: ☐ Yes ☐ No

Disabled Veteran: ☐ Yes ☐ No

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 ☐ Professional Journal (specify)______________
☐ Posted Notice ☐ Other (please specify)____________________
☐ Professional Conference
☐ Personal Contact outside Department
☐ Personal Contact within Department