

EEO Data Sheet – ImOn

Due to federal law requirements relating to equal employment opportunities, we request your **voluntary** completion of the information below.

This information will not be used in processing your application or used for any related employment decision. We invite you to indicate your gender and race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

Applicant Information

Name _____ SSN ____ - ____ - _____

Referral Source

<input type="checkbox"/> Company Website	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Workforce Center	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Internet _____	<input type="checkbox"/> Other _____

Race/Ethnic Group

<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Other _____ (Please Specify)	

Gender

Male Female

Vets - 100 Reporting

Special Veteran Identification

Disabled Veteran Vietnam Era Veteran

Position/Location Applying For

Position Applying For: _____

Location Applying For: City _____ State _____

Thank You for helping us in our reporting efforts.

ImOn Security Data Sheet

Dear Applicant:

As a routine part of our employment process, ImOn, may procure or have prepared a report to verify all of the information you have provided, including education and employment, on the application as well as on the Security Data Sheet. To do so, the following information is required. This information will be treated as confidential information.

APPLICANT'S NAME (LAST, FIRST, MI)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

FORMER NAME(S)

DATE USED
FROM: ____ TO: ____

FORMER ADDRESS(ES)

DATE USED
FROM: ____ TO: ____

CITY, STATE, ZIP

DRIVERS LICENSE NUMBER

STATE WHERE LICENSED

By signing below you voluntarily authorize ImOn to make such an investigation and release from all liability or responsibility all persons, schools, companies, corporations, or other entities supplying or collecting such information. Any copy of this authorization shall have the same authority as the original.

Your signature reflects your understanding that any material misrepresentation or deliberate omission of a fact provided to ImOn will justify termination consideration of your application for employment, terminating your employment.

SIGNATURE OF APPLICANT

DATE