

Central Florida Joint Mechanical Apprenticeship Program

Your Application Number is:

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Apprenticeship Application EEOC Supplemental Information Form

For optimum accuracy, please print all numbers as shown below. Avoid contact with the edge of the box.

Shade boxes like this: ■

Do not use ✓ or ✗

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THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR AGE (EXCEPT THAT THE APPLICANT MUST BE AT LEAST 18 YEARS OF AGE). THE CENTRAL FLORIDA JOINT MECHANICAL APPRENTICESHIP PROGRAM DOES NOT, AND WILL NOT DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FOR APPRENTICESHIP.

– PLEASE COMPLETE THE FOLLOWING –

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Social Security Number: _____ - _____ - _____

Date of Birth (MM/DD/19YY): ____ / ____ / **19** ____

Sex: MALE FEMALE

Race: *DARKEN ONE ONLY*

Ethnic Group: *DARKEN ONE ONLY*

- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER
- BLACK
- WHITE

- HISPANIC ORIGIN
- NOT OF HISPANIC ORIGIN

How did you become aware of this apprenticeship opportunity?

- WORD OF MOUTH
- TV
- CAREER DAY
- POSTED ANNOUNCEMENT
- GUIDANCE COUNSELOR
- OUTREACH ORGANIZATION
- RADIO
- NEWSPAPER (NAME OF PAPER): _____
- OTHER: _____