

# EEO/VETS100 Compliance Request Form

PLEASE PRINT

## Employee Information

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Job Location: \_\_\_\_\_

Male  Female

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Hispanic/Latino  White  Black/African American

Native Hawaiian/Pacific Islander  Asian

American Indian/Alaskan Native  Two or More Races

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Are you Active Duty or Prior Service Military?  Yes  No

If Yes (Check All That Apply):

Active Duty  Prior Service

Vietnam Era

Special Disabled (What %) \_\_\_\_\_

Other Protected

Armed Forces Service Medal