**Equal Employment Opportunity Tracking Sheet, LMC Model Form**

*Helpful background information on this model may be found in the* [*Hiring Chapter*](https://www.lmc.org/resources/hr-reference-manual-chapter-2-hiring/) *of the Human Resources Reference Manual.*

**Equal Employment Opportunity Information**

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT a part of the application file and is REMOVED from the application when received by our office. The city of \_\_\_\_\_\_ appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blank:

Gender: Male Female \_\_\_\_\_\_ Transgender

\_\_\_\_\_\_\_\_Non-binary/non-conforming \_\_\_\_\_Prefer not to respond

With which racial/ethnic group do you identify?

 Asian

 Native Hawaiian or Other Pacific Islander

 Black or African American

 Hispanic or Latino

 American Indian or Alaska Native

 White

\_\_\_\_\_\_Two or More Races – All persons who identify with more than one of the above

 Other (Please indicate: )

A person can show that he or she has a disability in one of three ways:

* A person may be disabled if they havea physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
* A person may be disabled if they havea history of a disability (such as cancer that is in remission).
* A person may be disabled if they are believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if they do not have such an impairment).

Based on the above information, do you claim disability status?

 Yes No