



# DATA SHEET

Mecklenburg Emergency Medical Services Agency is pursuing an Equal Employment Opportunity Action Plan to insure equal employment opportunity in its hiring practices. We are asking you to help us in this effort by completing the data below. Completing the data form will assist us in monitoring the effectiveness of our program. The completion of this form is voluntary and will be filed separately from your application. It will not be used to discriminate against you in any way in the employment process and will not subject you to adverse treatment. Thank you.

Position Title: \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Female \_\_\_ Male

Ethnic Origin:

Are you Hispanic or Latino \_\_\_ Yes \_\_\_ No

\_\_\_ White (Not Hispanic or Latino) \_\_\_ Black or African American (Not Hispanic or Latino)

\_\_\_ Native Hawaiian or Other Pacific Islander – (Not Hispanic or Latino)

\_\_\_ American Indian (Not Hispanic or Latino) \_\_\_ Two or More Races (Not Hispanic or Latino)

**NOTE: Ethnic origin as defined by the Equal Opportunity Commission:**

Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

White All persons having origins in any of the original people of Europe, North Africa, or Middle East. (Not of the Hispanic origin)

Black All persons having origins in any of the Black racial groups of Africa. (Not of the Hispanic origin)

Native Hawaiian or other Pacific Islander All persons having origins in any of the origin peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islanders. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. (Not of the Hispanic origin)

American Indian All persons having origins of the original peoples of North American, and who maintain Cultural identification through tribal affiliations or community recognition. (Not of the Hispanic origin)

National Origin: \_\_\_\_\_

Veteran: \_\_\_ Yes \_\_\_ No

If yes, check: \_\_\_ Vietnam Era (1962-1975) \_\_\_ Other \_\_\_ Disabled

Disability(s): \_\_\_ Yes \_\_\_ No

If yes, disabling conditions: \_\_\_\_\_