

SKILLS AND EXPERIENCE

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REFERENCES

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VOLUNTARY APPLICANT DATA RECORD

The information requested below is used only to maintain records required of employers doing business with the Federal Government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities.

Name: Last	First	M.I.	Email		
Present Address		City	County	State	Zip
Phone: (Home)		Phone: (Mobile)			

Gender: Male Female I do not wish to disclose this information

Please check appropriate race/ethnic information for Federal statistical reporting:

Hispanic or Latino 1	White 2	Black or African American 3	Asian 4	Native Hawaiian or other Pacific Islander 5	American Indian or Alaskan Native 6	Two or more Races (Not Hispanic or Latino) 7	I do not wish to disclose this information
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Type Your Name Here _____

(Please Note that typing your name constitutes an electronic signature.)

Date _____

FOR OFFICE USE ONLY JOB GROUP: _____
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