RECRUITMENT SURVEY

Please complete this form and submit it along with your employment application. The information requested will be used only to assist the City of Aurora in evaluating its hiring practices. This form will be kept confidential and separate from your application and no employment decision will be based on any information you provide on this form. While completion of this form is voluntary, we would sincerely appreciate your cooperation.

PLEASE PRINT

1. Name:_____
   Last First Middle

2. Position applied for:_____

3. Date:_____

4. Sex: Male____ Female____

5. Age: Are you over the age of 40? Yes____ No_____

6. Ethnic Background: (*check one*)

   ____White ____Black ____Hispanic ____Asian ____American Indian
   ____Other

7. Do you consider yourself disabled? _____Yes _____No

8. How did you hear about this position? (*check one*)

   ____ Inquired at Personnel Office
   ____ Newspaper: (specify) _____
   _____ Other: (specify)_____