

# EEO-1 Self-Identification Form

Responses are used to complete the Department of Labor EEO Reporting

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees and applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

We comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. **This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.**

Thank you for your participation!

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other

**Job Title/Applied For:** \_\_\_\_\_

**RACE/ETHNICITY:** Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_\_\_ **Hispanic or Latino**

*A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.*

\_\_\_\_\_ **White**

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

\_\_\_\_\_ **Black or African American**

*A person having origins in any of the black racial groups of Africa.*

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**

*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

\_\_\_\_\_ **Asian**

*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

\_\_\_\_\_ **American Indian or Alaska Native**

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

\_\_\_\_\_ I do not wish to self-identify

**VETERAN STATUS:**

\_\_\_\_\_ I am Not a Veteran

\_\_\_\_\_ Yes, I am a Veteran

**DISABILITY:** Do you have a Disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked "Yes", is your disability one of the targeted disabilities listed below?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Blind Convulsive Disorder

Deaf

Partial Paralysis

Mental Retardation

Complete Paralysis

Mental Illness

Missing Extremity(s)

Genetic or physical condition affecting limbs or spine



*Transforming the planet, one gut at a time.*

## JOB APPLICATION

### PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**STARTING DATE AVAILABLE:** \_\_\_\_\_ **DESIRED PAY:** \$ \_\_\_\_\_ HOUR

**POSITION APPLIED FOR:**  MARKETEEER  KITCHEN  PACKER  DRIVER

**EMPLOYMENT DESIRED:**  PERMANENT  SEASONAL  PART-TIME  FULL-TIME

**DAYS AVAILABLE:**  MONDAY  TUESDAY  WEDNESDAY   
THURSDAY  
 FRIDAY  SATURDAY  SUNDAY

**FREQUENCY OF WORK:**  EVERY WEEK/WEEKEND  SOME WEEKENDS  ON-CALL

**EMPLOYMENT ELIGIBILITY**

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?  YES  NO\*

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Why do you want to work for La Vie? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**  
(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MILITARY SERVICE**

**ARE YOU A VETERAN?**  YES  NO

**BRANCH:** \_\_\_\_\_ **RANK AT DISCHARGE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**TYPE OF DISCHARGE:** \_\_\_\_\_

**IF NOT HONORABLE, PLEASE EXPLAIN:** \_\_\_\_\_

**BACKGROUND CHECK CONSENT**

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**  YES  NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**Received By** \_\_\_\_\_ **DATE** \_\_\_\_\_