



Holsman Healthcare, LLC
Healthcare Staffing and Consulting Services
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EEO Information Survey

Federal regulations require the collection of certain data specifically for our Equal Employment Opportunity reporting and planning. We are requesting your cooperation in completing this self-identification form. **THIS INFORMATION IS COLLECTED FROM APPLICANTS ON A VOLUNTARY BASIS AND IS KEPT IN A SEPARATE FILE IN THE DEPARTMENT OF HUMAN RESOURCES FOR FEDERAL REPORTING PURPOSES. THE FOLLOWING VOLUNTARY INFORMATION SHALL SERVE NO PURPOSE IN EVALUATING AN EMPLOYEE'S QUALIFICATIONS FOR EMPLOYMENT.**

Date of Application: _____

Sex: Male Female

Racial/Ethnic Classification (Please designate one group only):

- White (not of Hispanic origin):**
Any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Black (not of Hispanic origin):**
Any person having origins in any of the Black racial groups
 - Hispanic:**
Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
 - Asian or Pacific Islander:**
Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
 - American Indian or Alaskan Native:**
Any persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal roll.
 - Other (please specify):** _____
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Person with a Disability: Yes No

United States Veteran: Yes No

If yes, please mark all that apply:

- Vietnam Era Veteran
- Veteran with a Disability