Automatic Entrances of Wisconsin Self-Identification Form – Applicants

Automatic Entrances of Wisconsin, Inc. has adopted an Affirmative Action Ordinance and the following information is <u>voluntary</u> and allows us to meet government reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with Automatic Entrances of Wisconsin, Inc. policies and ordinances, which forbids discrimination, based on this information.

	Name (print clearly)	First Name	Middle Name	Date
Арр	olication for position of:	- All Annual Control of the Control	Department/Division:	
VET	ERAN STATUS: (SELECT ONE)			
	Non Veteran			
	Veteran (DD214 Form must be attac	hed)		
	Other (specify service dates):			
ETH	NICITY: (SELECT ONE)			
	Hispanic or Latino - A person of Cuba regardless of race.	an, Mexican, Puerto Rican, South	or Central American, or other Sp.	anish culture or origin,
	Not Hispanic or Latino (Please select	a race below)		
RAC	E: (SELECT ONE OR MORE)			
	American Indian or Alaskan 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.			
	Asian – A person having origins in a including, for example, Cambodia, Vietnam.	ny of the original peoples of the	e Far East, Southeast Asia, or the	e Indian Subcontinent Islands, Thailand and
	Black or African American – A persor	n having origins in any of the Bla	ack racial groups of Africa	
	Native Hawaiian or Other Pacific Isla or other Pacific Islands.			lawaii, Guam, Samoa,
	White – A person having origins in a	ny of the original peoples of Eur	ope, the Middle East, or North A	frica.
GEN	NDER: Male	☐ Female		
GEN	IERAL : Are you able to perform th reasonable accommodation		osition to which you are applyi	ng with or without
natic ilities	Entrances of Wisconsin, Inc. considers Act or the Wisconsin Fair Employment	rs a person with a disability anyo Act.	one who meets the definition und	er either the American w
	eed reasonable accommodation(s) during euzinger at (262) 549-8600 X. 100.	the application process due to disa	ability-related functional limitations,	please contact
.ad a				
	n accommodation in the hiring/examinatic ccommodation requested is (i.e., extende			
				<u></u>
			rized person confirming your disabilit	