



HUMAN RESOURCES

Georgia Building Authority / State Properties Commission / Georgia State Financing & Investment Commission

Equal Employment Opportunity Data Form

APPLICANT: To assist the State of Georgia in its commitment to Equal Employment Opportunity and to retain statistical information, applicants/new hires are asked to voluntarily provide the following information. Your voluntary responses are treated in a highly confidential manner. Your responses are not released to the interview panel or the hiring manager. This questionnaire is not part of the application process and will not be used in any employment decisions. No information taken from this form is ever placed in your Personnel file.

The State of Georgia is an **equal opportunity employer** and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.

Position Title:	Agency (Check One): <input type="checkbox"/> SPC <input type="checkbox"/> GSFIC <input type="checkbox"/> GBA	
Last Name:	First Name:	MI:
Ethnic Background (Check all that apply): <input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander	Gender (Check One): <input type="checkbox"/> Male <input type="checkbox"/> Female	
How You Heard About The Job (Check all that apply): <input type="checkbox"/> Walk In <input type="checkbox"/> College/University <input type="checkbox"/> Technical School <input type="checkbox"/> Careers.ga.gov <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> State Agency Web Site <input type="checkbox"/> Other Internet Source _____ <input type="checkbox"/> DOL Career Center: _____ <input type="checkbox"/> Bulletin Located At: _____ <input type="checkbox"/> Employee Referral (employee name): _____		
Veteran's Preference (Check One): <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Deceased Veteran's Spouse <input type="checkbox"/> Disabled Veteran's Spouse <input type="checkbox"/> N/A		
Signature:	Date:	