

TOPEKA METROPOLITAN TRANSIT AUTHORITY
An Equal Opportunity Employer

APPLICANT CHARACTERISTIC SURVEY

TO ALL APPLICANTS:

The following information does not affect you as an applicant. This information will be used to determine the effectiveness of our recruitment efforts, the validation of our selection methods, and for Equal Employment Opportunity reporting. We ask for your cooperation by completing this page, but advise you that it is optional and done on a voluntary basis. This information is kept confidential and separate from the employment application form.

Date _____

1. Birthdate _____

2. Sex _____ Male _____ Female

3. Of the following, which racial/ethnic group would you consider yourself a member?

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Hispanic or Latino
- _____ Native Hawaiian or other Pacific Islander
- _____ Two or More Races
- _____ White

4. Are you a veteran?

- _____ No
- _____ Yes – discharged prior to August 1964
- _____ Yes – discharged between August 1964 and May 7, 1975
- _____ Yes – discharged after May 7, 1975

5. Are you a U.S. citizen? _____ Yes _____ No

If not, Visa # _____

6. Do you have a disability? _____ Yes _____ No

7. How did you learn about this job?

- | | |
|--|---------------------------------|
| _____ Kansas State Employment Service | _____ Private Employment Agency |
| _____ Newspaper Ad / Professional Periodical | _____ Friend |
| _____ Employee Referral | _____ Walk-In |
| _____ Other: _____ | |

8. What position are you applying for? _____