HOME & HEALTH CARE MANAGEMENT
1398 Ridgewood Drive ▫ Chico, California 95973
1647 Hartnell Avenue Suite 11 ▫ Redding, California 96002
Call Toll Free (800) 400-0727

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

An Equal Employment Opportunity Employer

Home & Health Care Management is required to report certain information and statistics to various federal and state agencies relating to the applicants' ethnic background, sex, disability, and veteran status. This data is for analysis and affirmative action only. Your completion of this form is voluntary. The information you provide will be kept separate and confidential, and will not be used for employment decisions.

TODAY'S DATE: _____ SEX: Male _____ Female _____

POSITION APPLIED FOR: _____ COUNTY: _____

SOURCE OF REFERRAL: _____

PLEASE CHECK ONE:

_____ Black

_____ Hispanic

_____ Asian/Pacific Islander

_____ American Indian/Alaskan Native

_____ Caucasian

_____ Other (please specify _____)

NATIONAL ORIGIN: _____

PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

_____ Vietnam Era Veteran

_____ Disabled Veteran

_____ Disabled Individual

Home & Health Care Management does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation, or political activity.

EEOE
M/F/V/D

Do not write below this line, intended for Home & Health Care Management use only.

Affirmative Action

EEOE# _____ Separation Date _____ Initials _____