

ADDITIONAL APPLICATION FORM

This additional form is an important part of your application. Please fill it out completely.

The information requested on this form is needed for statistical purposes and will be used in accordance with federal, state, and local regulations. This form will be processed separately from your application and will be maintained by the Department of Human Resources. It will not be sent to the hiring department. *Completion of this form is voluntary.*

Position: _____

Date: _____

Date of Birth: _____

Gender:

Male

Female

Race:

Black

American Indian or
Alaskan Native

Hispanic

White

Asian or Pacific Islander

If you require assistance or an accommodation during the selection process due to a disability, please call the Department of Human Resources at (412) 350-6830.