

TOWN OF BELLEAIR, FLORIDA, HUMAN RESOURCES

APPLICANT SURVEY FORM

Due to Federal Government requirements that we report applicant information, we ask that you complete this applicant survey. Failure to complete the survey will in no way adversely affect your opportunity for employment and completion of the survey form will in no way enhance your opportunity for employment. This form will be kept separate from the Application for Employment and will not be filed or referred to a department with your application. Your cooperation in completing the Applicant Survey Form is appreciated.

INSTRUCTIONS: Write your letter response to items 1 through 3 in the corresponding boxes.

1	2	3

Name: _____ Position: _____

- 1. What sex are you?
 - a. Male
 - b. Female
- 2. What is your age?
 - a. 39 or under
 - b. 40 or over
- 3. Of which racial/ethnic group do you consider yourself a member?
 - a. White(not of Hispanic origin)
 - b. Black (not of Hispanic origin)
 - c. Hispanic
 - d. Asian or Pacific Islander
 - e. American Indian or Alaskan Native
 - f. Other