



# Kane County

## Government and Elected and Appointed Officials' Offices

### EEO SELF IDENTIFICATION FORM

Equal Employment Opportunity

[hrmcorrespondence@co.kane.il.us](mailto:hrmcorrespondence@co.kane.il.us)

Kane County and elected and appointed officials consider applicants for all positions without regarding to race, color, religions, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, pregnancy, or unfavorable discharge from military service. As required, Kane County and the elected and appointed officials comply with government regulations when they apply.

Please be advised that this survey is not a part of your application for employment. This survey is considered confidential information that will not be used in any hiring decision. This information is used for compiling and analyzing equal employment statistics only. Completion of this form is voluntary.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
 Male  Female

### Equal Employment Opportunity Group

White  
 American Indian/Alaskan Native

Black (not of Hispanic Origin)  
 Asian/Pacific Islander

Hispanic  
 Two or more races

### Individuals with a Disability

Individual with a Disability

### Veteran's Status

Vietnam-Era Veteran

Disabled Veteran

Special Disabled Veteran

### Referral Source

Please tell us where you first heard about the position for which you are applying. Be as specific as possible:

Walk-in  
 Relative  
 Advertisement/Newspaper  
 County department/office

County employee  
 School/College  
 Faith based organization  
 Other

Kane County is an equal opportunity employer. Auxiliary aids and other reasonable accommodations are available upon request to applicants, employees and other individuals with disabilities and to individuals who are pregnant and in need of reasonable accommodation to effectively participate in the application process.

Click the box, it acts as my signature. I acknowledge that all information contained herein is true and accurate to the best of my knowledge.

Date

Insert Your e-Signature

X

Submit by Email