

Apprenticeship is Equal Opportunity Employment. Apprenticeship Employers /Sponsors are required to collect the following information from all applicants and all persons selected into the apprenticeship.

Your response is confidential and will not be a factor in selection into the program. Please return the completed form to your sponsor in an envelope marked "Apprenticeship EEO Data" and do not write your name on either this sheet or the envelope.

Apprenticeship Program	
Name of Apprenticeship Program (Occupation)	Are you an applicant or have you been selected?
Year of Application:	<input type="checkbox"/> Applicant <input type="checkbox"/> Accepted into Apprenticeship
Demographics	
Sex: (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify	Race: Please check one or more that describe you best: <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White
Latino Ethnicity: (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Self-Identification of Disability	
Disability: Do you have disability as defined in the Americans with Disabilities Act? <input type="checkbox"/> Yes, I have a disability (or previously had) <input type="checkbox"/> No, I don't have a disability <input type="checkbox"/> I do not wish to answer	
<p><i>How do I know if I have a disability? You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:</i></p> <ul style="list-style-type: none"> • Blindness • Autism • Bipolar disorder • Post-traumatic stress disorder (PTSD) • Deafness • Cerebral palsy • Major depression • Obsessive compulsive disorder • Cancer • HIV/AIDS • Multiple sclerosis (MS) • Impairments requiring the use of a wheelchair • Diabetes • Schizophrenia • Missing limbs or partially missing limbs • Intellectual disability (previously called mental retardation) • Epilepsy • Muscular dystrophy 	
DIRECTIONS FOR SPONSORS <i>Provide sheet with an envelope marked "Apprenticeship EEO Data" so applicants will return the sheet to you anonymously. Retain responses in an Apprenticeship EEO Data folder separate from personnel files. You will need this information for the Affirmative Action Plan requirement. See 29 CFR 30 for Equal Employment Opportunity in Apprenticeship regulations.</i>	