

## APPLICANT CONTROL FORM

We consider applicants for all position without regard to race, creed, color, religion, gender, national origin, age, disability, marital status, sexual orientation, status with regard to public assistance, military service or any other basis protected by law.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

The following voluntary information is used to monitor American Federal Bank's Affirmative Action Program. The information you are being asked to provide is the result of a federal requirement under Executive Order 11246 and a state requirement under the Minnesota Human Rights Act, Section 368.073. It will be used for reporting applicant statistics and determining effective methods of advertising. **The information is voluntary. It is not part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.**

Position Title: \_\_\_\_\_ Bank Location: \_\_\_\_\_

Gender:  Male  Female

Disabled:  Yes  No

Race:  White  Asian, not Hispanic or Latino  
 Hispanic  Native American / Alaskan Native  
 African American  Native Hawaiian or Other Pacific Islander, not Hispanic or Latino  
 Two or more races, not Hispanic or Latino

Vietnam Veteran  Yes  No

Disabled Veteran  Yes  No

Other Veteran  Yes  No

How did you learn of this opportunity?

Newspaper

Job Service

American Federal Employee

American Federal Web Site

Relative

Walk-In

Word of Mouth

Other: \_\_\_\_\_

■ To Be Completed by Applicant ■ Not for Interview Purposes ■ To be Filed Separately from Application

03/2006