

APPLICANT CONTROL FORM

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, sexual orientation, genetic information, reprisal, public assistance, protected veteran status or any other status protected by federal, state or local laws.

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. 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.**

Gender: Male Female

Race: *Mark one or more.*

- White
- Black or African-American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

How did you learn of this opportunity?

- Newspaper
- Job Service
- American Federal Employee
- American Federal Website
- Customer
- Relative
- Walk-In
- Word of Mouth
- Other: _____

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