

Area Substance Abuse Council Applicant Survey

ASAC has an Affirmative Action Program that monitors our recruitment and affirmative action efforts. We are asking each applicant to complete the following questions. **Please note that this information is confidential and has no effect on our hiring decisions.** Your survey is only viewed by ASAC's EEO Officer.

1. **What position opening are you applying for?** _____
2. **Date of your application** _____ (month/date/year)
3. **How did you hear of the position opening? (Please Check all that Apply)**
 ASAC Email ASAC Website Newspaper Ad Web posting
 Indeed IowaWORKS Other _____
4. **What is your Gender/Sex?**
 Male Female
5. **What is your Age Bracket?**
 Under 18 18 – 25 26 – 39
 40 – 55 56 – 70 Over 70 years of age
6. **What Racial Group do you consider yourself a member?**
 White/Caucasian Black/African American
 Asian or Pacific Islander American Indian or Alaskan Native
 Multicultural Other: _____
7. **What is your Ethnicity?**
 Hispanic Non-Hispanic
8. **Are you a Veteran of U.S. Military Service?**
 No Yes, **If yes, please identify if any of the following apply to you:**
 Disabled Veteran Armed Forces Service Medal Veteran
 Other Protected Veteran Recently Separated Veteran
9. **Do you have a physical or mental disability or handicap?**
 No Yes
If yes, please specify: _____
10. **Are you a current ASAC Employee?**
 No Yes

*Insert the completed survey in the envelope addressed to ASAC EEO Officer
Please seal the envelope to ensure confidentiality*