



APPLICATION INFORMATION FORM

(COMPLETE BOTH SIDES)

The NORTH LITTLE ROCK WASTE WATER UTILITY is an Equal Opportunity/ Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to certain federal compliance agencies. This information WILL NOT jeopardize your opportunity for employment with the UTILITY.

NAME: _____ **TODAY'S DATE:** _____
Title of Job for which you have applied: _____

SEX AND RACE / ETHNIC IDENTIFICATION

SEX: Male Female (Please Check One)

RACE / ETHNIC: For the purpose of Equal Opportunity, race / ethnic categories are identified below. Please check the category which identifies your race / ethnic background.

WHITE: (NOT OF HISPANIC ORIGIN) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

BLACK: (NOT OF HISPANIC ORIGIN) – All persons having origins in any of the Black racial groups of Africa

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race

ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example: China, Korea, the Philippine Islands, and Samoa)

AMERICAN INDIAN or PACIFIC ISLANDERS: All persons having origins in any of the Original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

REFERRAL SOURCE (S)

HOW DID YOU LEARN OR THIS / THESE POSITION (S)? PLEASE CHECK ONE:

- ___ Human Resources Posting
- ___ Relative or Friend
- ___ Employment Security Division
- ___ Technical / Business School

- ___ Newspaper Advertisement
- ___ Utility Employee
- ___ Social / Civic Organization
- ___ Other (specify) _____

DISABILITY NOTICE

NOTICE TO APPLICANTS – PLEASE READ CAREFULLY!!!

You are invited to voluntarily provide information relative to any reasonable accommodation which you may need for the evaluation process for this position as described on the printed job announcement or as provided verbally by the Personnel Department or its representative.

Should you voluntarily provide this information, it will be held in strict confidence. Failure to provide this information will not subject you to any adverse treatment. (This information is requested in an effort to meet the accommodation requirements of the Americans with Disabilities Act.)

DISABLED INDIVIDUAL? YES NO

I choose not to provide a response to this question

If a special accommodation is needed, we request that you notify us of the requirement, at least twenty-four (24) hours in advance of the time in which the accommodation is needed. The request to the Personnel Department may be in writing, by telephone, or in person.

Telephone No: 501-945-7186
Address: 7400 Baucum Pike, P.O. Box 17898
North Little Rock, AR 72117-0898

ACCOMMODATIONS REQUIRED: (IF ANY)

NOTE: The information provided on this form will be kept separate from the employment application form.

