

**CITY OF GEORGETOWN**

**EEO DATA INFORMATION**

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. The City of Georgetown complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, and medical condition of handicap.

The CITY must make periodic reports to the Federal Government to reveal whether or not its personnel practices are in compliance with the various laws relating to Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed. To ensure compliance, this page will be removed and kept in a Confidential File separate from the Employment Application Form.

Full Name \_\_\_\_\_

S.S.# \_\_\_\_\_

Address \_\_\_\_\_

Position Applied For \_\_\_\_\_

Is Position Vacant Yes  No

Method of Recruitment {Please be specific by giving name publication}

NEWSPAPER \_\_\_\_\_

PROFESSIONAL PUBLICATION \_\_\_\_\_

REFERRAL \_\_\_\_\_

OTHER \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX**

Sex: Male  Female

Race: Black  White  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islander

Other: Vietnam Era Veteran

Disabled Veteran

Handicapped Individual

*FAILURE TO COMPLETE THIS FORM DOES NOT PRECLUDE THE APPLICANT'S  
CONSIDERATION FOR THE POSITION APPLIED FOR*

**AN EQUAL OPPORTUNITY EMPLOYER**

**CITY OF GEORGETOWN**

**AFFIRMATIVE ACTION ADA DISABILITY FORM**

TO: All Applicants and Employees

The City of Georgetown has for many years followed a policy of non-discrimination in all phases of its personnel practices, including the recruiting, hiring, compensating, training, promoting and terminating of employees without regard for race, color, religion, sex, age or national origin. The CITY also had in effect Affirmative Action Programs for minorities and females since the Civil Rights Act of 1964, and had developed Affirmative Action Programs for the handicapped [physical or mental impairment], Vietnam Era Veterans due to subsequent legislative changes.

Under the regulations a:

Handicapped Individual is defined as any person who [1] has physical or mental impairment which substantially limits one or more of such person's major life activities; [2] has a record of such impairment; or [3] is regarded as having such an impairment. A handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap.

Disabled Veteran means a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty percent [30%] or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era means a person [1] who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; and [2] who was so discharged or released within forty-eight months preceding the alleged violation of the Vietnam Era Veterans Readjustment Assistance Act of 1974, the affirmative action clause thereof and/or the regulations issued pursuant to the Act.

If you qualify for inclusion under our Affirmative Action Programs we would like to include you. Information obtained concerning you shall be kept confidential as provided by the applicable regulations.

In order to assure proper placement of all employees, we request you to answer the following questions. If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following:

- 1. The skills and procedures you use or intend to use to perform the job notwithstanding [in spite of] disability:

\_\_\_\_\_

- 2. Accommodations which would enable you to perform the job properly and safely, including special equipment changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodation. Any accommodation afforded must be a reasonable expectation of employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
RETURN WITH EMPLOYMENT APPLICATION TO THE CITY'S PERSONNEL OFFICER