

Dear Applicant:

Thank you for applying for a position with Dunlap Towing Co. We are asking all applicants to provide the information requested below. The information is confidential; it is kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment.

We are asking for this information because our company is a government contractor subject to Executive Order 11246. As part of our affirmative action program, the government requires us to track applicants' race and gender, for statistical purposes. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race, religion, national origin, age gender, disability, or veteran status, or any other status protected by law. Please check the appropriate boxes below and return to either:

Payroll
Dunlap Towing Company
PO Box 593
LaConner, WA 98257

Payroll
Dunlap Towing Company
2702 Federal Ave.
Everett, WA 98201

Please print your name: _____

Job for which you are applying: _____

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race or Ethnic Group	<input type="checkbox"/> White (not of Hispanic origin): All persons who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black (not of Hispanic origin): All persons who have origins in any of the black racial groups of Africa. <input type="checkbox"/> Hispanic : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Asian or Pacific Islander : All persons who have origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. <input type="checkbox"/> American Indian or Alaskan Native : All persons who have origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
This form must be kept apart from the application	Signature: _____ Date: _____