



Greater Nebraska

JATC

Joint Apprenticeship and Training Committee
8960 L St #100; Omaha NE 68127
Office: 402-397-5105 Fax: 402-397-5106

YOUR APPLICATION NO. IS

Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR SEX. THE APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO MEET MINIMUM QUALIFICATIONS. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

— PLEASE COMPLETE THE FOLLOWING —

The information voluntarily provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

Social Security Number: _____ - _____ - _____

Date of Birth: _____ , _____
month day year

Sex: Female Male

Race: CHECK ONLY ONE

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

Ethnic Group: CHECK ONLY ONE

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity?

- Word-of-Mouth
- TV
- Career Day
- Posted Announcement
- Guidance Counselor
- Outreach Organization
- Radio
- Newspaper (name of paper) _____
- Other _____

This form will not become part of your personal file. It will be maintained in a separate file, used only for EEOC reporting purposes.