

AFFIRMATIVE ACTION DATA RECORD

Employees of Laura Baker Services Association (LBSA) are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, LBSA complies with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **optional**. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your application for employment or personnel file.

Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

**** (Please Print)**

(FOR POST HIRE USE ONLY)

Last Name

First Name

Middle Name

Address

City

State

Zip

Telephone Number(s)

Social Security Number

REFERRAL SOURCE:

_____ Advertisement _____ Employee _____ Relative _____ Private Employment Agency
_____ Friend _____ Inquiry _____ Government Employment Agency _____ Other _____

COMPLETE THOSE SECTIONS BELOW THAT HAVE BEEN CHECKED

Current Job _____

Birthdate _____

X

Gender:

X

Female

Male

X

Ethnic Origin: White Black Hispanic Other _____
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

X

Vietnam Era Veteran

Disabled Veteran

Disabled Individual

Signature of Applicant

Date

OFFICE USE ONLY

Position(s) applied for is open: _____ Yes _____ No Date _____

Position(s) considered for: _____

HIRED - Position: _____ Yes _____ No Start Date _____

EMPLOYMENT ANALYSIS REGISTER

Gender: _____

Referral Source: _____

Race: _____

EEO1 Category: _____

Disability: _____

Disposition: _____

Other: _____

Laura
Baker
Services
Association



REFERENCE FORM

Applicant's Name: _____
(Last, First, Middle, Maiden)

"I, the undersigned, authorize you to release any information pertaining to my experience, work record and skills."

Social Security Number: _____

To: Name of Employer: _____

Address: _____

Phone: _____

Attention: _____

The person named above has applied for a position with Laura Baker Services Association and your cooperation is requested in evaluating his/her performance. The information will be held in strict confidence. Please return in the enclosed envelope at your earliest convenience.

Signature of Applicant

Position(s) Held _____ Date(s) of Employment _____
Briefly describe the nature of this person's duties: _____

PLEASE EVALUATE THE FOLLOWING: EXCELLENT ABOVE AVERAGE GOOD FAIR POOR
Ability to work with others _____
Ability to take supervision _____
Personal/Professional hygiene _____
Dependability, punctuality _____
Quality of work _____
Ability to handle assigned workload _____
Performance of duties _____

Overall Performance and Comments:

Reason for leaving: _____

Did employee give proper notice? _____ Yes _____ No Is he/she eligible for rehire? _____ Yes _____ No _____ Conditional

Employer Signature _____ Title _____ Date _____

Thank you. Your **prompt** return of this form will assist us in our decision making process.

Laura Baker Services Association
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