

COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY

Pre-Employment Applicant Data Form

Parcels, Inc. is an equal opportunity employer. All employment decisions, including hiring, are made without regard to an individual's race, color, religion, sex, pregnancy, gender identity, sexual orientation, national origin, age (over 40), disability, genetic information, marital status, status as a veteran or volunteer emergency responder, or any other basis protected by local, state, or federal law. The purpose of this form is to ensure that Parcels, Inc. is doing all that it can to attract and retain a highly skilled and diverse workforce. The data you provide on this form will be kept confidential, and will be used solely for statistical purposes. The form is processed and maintained separately from your employment application, and is not used in the interview or selection process. Completion of this form is entirely voluntary.

Voluntary Self-Identification

1. Application Date: _____

2. Position Applied For: _____

3. Applicant Name: _____

4. Social Security Number (Last 4 Digits Only): _____

5. Race/Ethnic Code:

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Two or More Races / Ethnicities | |

6. Sex/Gender Code:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Other / Prefer Not to Disclose | |

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7. Voluntary Self-Identification of Disability:

The Americans with Disabilities Act provides employment protections to disabled individuals. You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Many impairments may rise to the level of a disability, so a comprehensive list cannot be included. Please note that any information provided in response to this inquiry will be kept confidential, and will not be used against you in any manner.

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Employee Name (Print)

Date: _____

Signature