



**NIAGARA COUNTY**

**EQUAL EMPLOYMENT OPPORTUNITY REPORTING**

TO HELP US COMPLY WITH FEDERAL/STATE EQUAL EMPLOYMENT OPPORTUNITY RECORDKEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THIS FORM AND RETURN TO:

*COUNTY OF NIAGARA, AFFIRMATIVE ACTION OFFICER, 111 MAIN ST. - SUITE G2, LOCKPORT, NY 14094*

**COMPLETION OF THIS FORM IS VOLUNTARY ON THE PART OF THE APPLICANT. ALL COMPLETED FORMS RETURNED TO THE COUNTY WILL BE MAINTAINED SEPARATELY FROM ANY OTHER FORMS OR EMPLOYMENT APPLICATIONS.**

THANK YOU FOR YOUR COOPERATION.

**NAME:** \_\_\_\_\_  
Please Print

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**HOW DID YOU HEAR OF THIS POSITION:** \_\_\_\_\_

If Civil Service Job Posting, where: \_\_\_\_\_

**Do you have a disability?**     yes     no

**If yes, the nature:** Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Mental \_\_\_\_\_ Visual \_\_\_\_\_  
Visual \_\_\_\_\_ Ortho \_\_\_\_\_ Multi \_\_\_\_\_ Other \_\_\_\_\_  
(if Other is checked, please specify: \_\_\_\_\_)

**Do you need a reasonable accommodation to perform the essential tasks of the job?**  
 yes     no

**If yes, please describe:** \_\_\_\_\_

**Are you presently under handicapped status pursuant to Section 55-a of New York's Civil Service Law?**  
 yes     no

**Are you a volunteer firefighter?**  yes     no    **If yes, are you an exempt volunteer firefighter?**  yes     no

**Are you a veteran?**  yes     no                      **Are you a Vietnam-era veteran?**  yes     no

**Are you a disabled veteran?**  yes     no                      **Your sex:**  male     female

**Your race:**  white     African-American     Hispanic     Asian, Pacific Islander  
 Native American or Alaskan Native     other (please specify \_\_\_\_\_)

**Date form completed:** \_\_\_\_\_