Affirmative Action Form

Organization Name: _____________________________________________________________

Division: ________________________________________________________________

Contact: ___________________________ Phone: ___________________________

Title: ___________________________ Fax: ___________________________

Email: ______________________________________________________________________

Address: ___________________________________________________________________

___________________________________________________________________________

Interview appointments will be made available to all interested students who are authorized to work in
the United States regardless of their citizenship status, unless U.S. citizenship is legally required. If
U.S. citizenship is legally required by your organization, please check here and attach a sheet
describing the reason: __________

(Organization) __________________________________________________________________ hereby affirms it
is an equal opportunity employer, offering employment without regards to race, sexual orientation,
color, religion, sex, national origin, age, or citizenship unless legally required, and provides equal
opportunity to handicapped individuals, disabled veterans, and veterans of the Vietnam era.

Name: _____________________________________________ Date: _________________

Title: ______________________________________________________________________

Updated 9/14