



# EEO DATA FORM

Convenient Home Care Services Inc.

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This form is considered "Confidential" and is used to report employment statistics as required by states and the Federal Government and for purposes of Affirmative Action. It is not used for any other purpose whatsoever and is kept separate from your personnel records.

Name \_\_\_\_\_

- Male     Female  
 Handicapped  
 Veteran - Vietnam Era                       Disabled Veteran - Vietnam Era  
 Veteran - Other than Vietnam Era         Disabled Veteran - Other than Vietnam Era

United States Citizen     Yes     No

**Please check only one box below to indicate your major ethnic identification.**

- American Indian (includes Eskimo and Aleut)  
 Asian/Pacific Islander (includes Filipino, Samoan, Vietnamese and East Indian)  
 Black (does not include East Indian)  
 Hispanic (includes Chicano (a), Cuban, Mexican, Puerto Rican, or Spanish)  
 White (includes ethnic Jews)

Optional:

- I wish to be identified as a Religious Minority: *(specify)* \_\_\_\_\_  
 I speak the following languages fluently: \_\_\_\_\_

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Applicant Name *(Please Print)*