

**Nurses Unlimited  
P. O. Box 4534  
Odessa, TX 79760**

**Request for Job Applicant Information**

We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by sex, race and ethnicity categories.

We ask that you indicate your race or national origin and sex. **You are NOT required to give your name.** This information will not be kept with your application and will be used only in accordance with federal and state regulations.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Your application for employment will be considered in the same manner whether or not you fill out this form.

Name: \_\_\_\_\_  
(Optional)

Check One:

- Female
- Male
- I do not want to provide the requested information.

Check One:

- Race/Ethnicity:
- Hispanic or Latino
  - White
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - Asian
  - American Indian or Alaska Native
  - Two or More Races
  - I do not want to provide the information.

- Solicited:  Newspaper       Friend       Other  
 Client                       Employee

Or

- I do not wish to give this information.

If you have any question about the government requirements or this request, please contact Sandra Rowe, RN at (432) 580-2078 ext. 215.