

JOB APPLICANT SURVEY

To meet federal regulation requirements, information is needed on the questions below regarding low and moderate-income beneficiaries and direct benefit FHEO reporting. This information is gathered for data reporting purposes only. Information given in this form will not be used for making employment decisions and will not be distributed outside of this company's personnel office except for compliance inspection by appropriate government officials.

NOTE: If you are a person with a disability and may need special services or accommodations in completing this form, please ask for assistance from this company's personnel office.

Print Name: _____

Address: _____

1. Determine the correct number of person(s) in your household and circle that number in the appropriate box below. This number should include all persons temporarily away from your household (e.g. college students, persons on extended vacation, etc.)
2. Circle one income range in the corresponding row that represents your approximate household income at time of interview.
3. The income limits listed below are from the county of _____.

Income Limits for <u>Insert Year</u>	Extremely Low Income Range (30 %)	Very Low Income Range (50%)	Low Income Range (80%)	Non-Low Income Range
Household Size	Equal to or less than	Equal to or less than	Equal to or less than	Greater than
1 person	\$	\$	\$	\$
2 persons	\$	\$	\$	\$
3 persons	\$	\$	\$	\$
4 persons	\$	\$	\$	\$
5 persons	\$	\$	\$	\$
6 persons	\$	\$	\$	\$
7 persons	\$	\$	\$	\$
8 or more	\$	\$	\$	\$

4. Race, Ethnicity, Gender and Disability Status.
Please mark **only one** of the following race classifications:
 White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Other Multi-Racial
 Black/African American & White American Indian/Alaska Native & White
 Asian & White American Indian/Alaska Native & Black/African American
5. Please check "Yes" or "No": Hispanic or Latino: Yes No
6. Please check **all** that apply:
 Male Female Female Head of Household Disabled Unemployed

Signature of Person Completing Form: _____

Date form completed: _____

For company use only		
Was a job offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the job accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Job Accepted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Employer Sponsored Health Care Benefits provided for the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Title Classification: (Choose from the following) Laborers (Unskilled) Officials & Managers Technicians Operatives (Semiskilled) Office & Clerical Service Workers Craft Workers (Skilled) Professionals Sales	Job Title Classification: _____	

