



# The Commonwealth of Massachusetts

## AUDITOR OF THE COMMONWEALTH

ONE ASHBURTON PLACE, ROOM 1819  
BOSTON, MASSACHUSETTS 02108

SUZANNE M. BUMP, ESQ.  
AUDITOR

TEL (617) 727-6200  
FAX (617) 727-5891

The Office of the State Auditor is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, gender identity, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Office of the State Auditor will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, gender identity, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

**The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.**

(PLEASE PRINT)

First Name		Middle		Last	
Street Address	City	State		Zip	
Telephone Number:					
<b>CHECK ONE</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					
<u>Check one of the following: (Race)</u>					
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander					
<input type="checkbox"/> Native American (American Indian or Alaskan Native)					
(If Native American, please attach documentation of tribal affiliation)					
<u>Check if the following is applicable:</u>					
<input type="checkbox"/> <u>Vietnam Era Veteran*</u>					
<i>(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)</i>					

\*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the Office of Diversity and Equal Opportunity. Forms are available from the Office of Diversity and Equal Opportunity (617) 727-7441.

**Disability**

First Name		Middle		Last	
Street Address	City	State		Zip	

Check if the following is applicable:

☐ Person with a disability\*

A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. (“Major Life Activities” includes but is not limited to functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.)

\*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator .

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date