

MAGIC VALLEY REHABILITATION SERVICES, INC.

APPLICANT REGISTER FORM

DATE: _____

YOUR NAME:

TITLE OF JOB(S) APPLYING FOR:

REFERRED BY: Advertisement
 Employment Agency
 Company Website
 Company Employee
 Other

AFFIRMATIVE ACTION INFORMATION:

MALE DISABLED
 FEMALE VETERAN

WHITE
 HISPANIC OR LATINO
 BLACK OR AFRICAN AMERICAN
 ASIAN
 AMERICAN INDIAN OR ALASKAN NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 TWO OR MORE RACES
 OTHER NON-WHITE

Magic Valley Rehabilitation Services, Inc. is an Equal Opportunity Employer. The information on this form is needed to comply with requirements for organizations who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is greatly appreciated.