

Equal Employment Opportunity

Form 1021 — Pre-Hire

ShiftNPay / Mastercare

Position Information

Position

Date

Personal Information

Last Name

First Name

Middle Name

Address

City

State

Zip

Date of Birth

Gender

Male

Female

Veteran Status

Yes

No

Race / Ethnicity

White

Asian

Black

Hispanic/Latino

Pacific Islander

American Indian

2+ Races

Specify

Specify_2

Specify_3

Specify_4

Specify_5

Referral Source

Newspaper	Agency	School	Internet
Referral	Other	Walk-In	Relative/Friend
TV/Radio	Flier	Website	Unsolicited

Name of Employee (if referral)