

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)			