

**LIFECARE MEDICAL CENTER**  
**715 DELMORE DRIVE**  
**ROSEAU, MINNESOTA 56751**  
**(218) 463-2500**

**AFFIRMATIVE ACTION SURVEY**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or any other legally protected status.

As an employer and government contractor, we comply with government regulations and affirmative action responsibilities.

To assist us with our record keeping in connection with government reporting and other legal requirements, we ask that you please fill out this survey and return to the Human Resources.

Providing this information is voluntary and refusal to provide any of the information asked will not have a negative effect on your status as an applicant.

Date Applied \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:

Employment Agency Referral \_\_\_\_\_ Employee Referral \_\_\_\_\_ Walk In \_\_\_\_\_ Rehire \_\_\_\_\_

Community agency Referral \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Other \_\_\_\_\_

Check One: Male \_\_\_\_\_ Female \_\_\_\_\_

Check One Of The Following: Race/Ethnic Group:

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian Pacific Islander \_\_\_\_\_

Check if any of the following are applicable:

Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual \_\_\_\_\_