EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION PROGRAM

APPLICANTS FOR EMPLOYMENT

Year
Quarterly Period Covered_________________

This form is used to record those applicants who are interviewed or met in relation to general employment or actual openings

<table>
<thead>
<tr>
<th>NAME</th>
<th>SEX</th>
<th>RACE*</th>
<th>Date Orig. Position Title</th>
<th>EEO**</th>
<th>Referral</th>
<th>Final Action Taken ***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Applied</td>
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</tr>
</tbody>
</table>

*Race Code:  W=White; B=Black; H=Hispanic; A/I=Asian/Pacific Islander/Al/A=American Indian/Alaskan Native

6. Craftworker(skilled) 7. Operative(semi-skilled) 8. Laborer (Unskilled) 9. Service Workers
Final Action Taken: 1. No Openings 2. Hired/Date 3. Applicant Rejected (state reason) and notified, 4. Applicant refused offer