



# Packaging Services of Maryland, Inc.

## Equal Employment Opportunity Form

### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Voluntary Information

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

#### Racial or Ethnic Group

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Other

#### Gender

- Female     Male

#### Military Service

- Pre-Vietnam Era     Vietnam Era  
 Post-Vietnam Era     Disabled Veteran