

To All Applicants for Employment at The Commonwealth Medical College:

To assist us in complying with federal and state regulatory reporting and compliance, we ask that you complete the questionnaire below. This confidential questionnaire is NOT part of the employment process and will be removed from your application. Completion of this questionnaire is strictly voluntary and is appreciated.

NAME (optional)

DATE

POSITION(S) APPLYING FOR

Race/Ethnic Group: (Check one)