

EEO Counselor Application

NAME _____
Last First MI

RANK _____

UNIT _____

(W) TELEPHONE _____

DO YOU HAVE ANY PRIOR EEO EXPERIENCE?

YES	NO
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IF SO, WHAT EXPERIENCE HAVE YOU HAD? _____

PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME AN EEO COUNSELOR.

SIGNATURE _____

SUPERVISORS NAME _____

SUPERVISORS SIGNATURE _____