

VOLUNTARY SELF-IDENTIFICATION FORM

Your employer is subject to governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race, ethnicity, and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from personnel files. It will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. Reported data will not identify any specific individual.

Name: _____

Worksite Employer _____

PLEASE CHECK THE APPROPRIATE DESIGNATIONS

<input type="checkbox"/>	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/>	White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female
<input type="checkbox"/>	Disability: Impairment which substantially limits one or more of a person's major life activities)
If checked, please indicate any reasonable accommodation(s) which can be made to enable you to complete the essential functions of the position you were hired for: _____	
<input type="checkbox"/>	Disabled Veteran: 30% V.A. compensation or discharge because of disability incurred in line of duty
<input type="checkbox"/>	Veteran of the Vietnam Era: 180 days active duty between 08/15/1964 and 05/07/1975
<input type="checkbox"/>	Other Eligible Veteran