

Voluntary Self-Identification / Equal Employment Opportunity  
**Applicant Affirmative Action Information**

**We are an Equal Opportunity Employer and do not discriminate on the basis of ethnicity, color, religion, gender, gender identity, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law. The information below will be used only in the compilation of data for Equal Opportunity reporting. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.**

Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position sought: (List only one.)	

Sex: (Please Check One)     Male     Female

**EEO ETHNICITY CATEGORY** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- 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
- 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
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa
- 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
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Two or More Races** - All persons who identify with more than one of the six races
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White

**VETERAN STATUS** (Please check if it describes your veteran status.)

Are you a veteran?     Yes     No                      Are you a disabled veteran?     Yes     No

- Disabled Veteran** Means (a) veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran** Means a veteran who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**(Please Turn Over)**

# Applicant Affirmative Action Information

**PERSONAL and CONFIDENTIAL**

## VOLUNTARY SELF-IDENTIFICATION FORM (CONFIDENTIAL – For Statistical Purposes Only)

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information contained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding necessary accommodations (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with the act shall be informed.

Do you have a mental or physical disability?     Yes             No

NOTE: A person with a mental or physical disability is one who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment.

### **PERFORMANCE OF JOB RELATED FUNCTIONS**

If you need reasonable accommodations in order to perform the functions of the job, please describe the type of accommodations you require. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason why you, when performing your duties, would pose a direct threat to your health or the safety of others in the workplace?     Yes             No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take medication (prescribed or over the counter) that may affect your ability to perform your job?

Yes             No

If yes, please explain in what way your ability to perform the job may be affected. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date