



VOLUNTARY SELF-IDENTIFICATION FORM

RACE/ETHNICITY, DISABILITY, AND VETERAN STATUS

DISCLOSURE

Completion of this data is voluntary and will not affect your terms or conditions of employment. This form will be used for reporting data to the Equal Employment Opportunity Commission. All data collected will be used for statistical reporting purposes and may be subject to disclosure under federal and state law or rule.

PLEASE PRINT

YOUR NAME

DATE

EMPLOYEE ID # (HR or Payroll can provide this number)

GENDER

FEMALE

MALE

ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, or veteran status.

SECTION I. Race / Ethnicity*

Your employer is required to record and report certain non-discrimination and affirmative action statistics. The state invites employees to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights purposes. All race/ethnicity information is collected and reported in seven EEO-4 categories established by the federal government: (A) Asian; (B) Black; (H) Hispanic; (I) American Indian or Alaska Native; (P) Native Hawaiian or Other Pacific Islander; (T) Two or More Races; or (W) White.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

American Indian or Alaska Native (I) (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.

Asian (A) (Non-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 (B) (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Hispanic or Latino (H): A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (P) (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (W) (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or more races (T) (Non-Hispanic or Latino): Persons who identify with two or more racial categories name above.

SECTION II. Disability (Provide this information is voluntary.)

* If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It can also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Under this definition, are you a person with a disability? Yes No

Any requests for accommodation for current or future disabilities must go through your supervisor and human resources.

SECTION III. Veteran Status

Have you served in the United States Military Armed Forces? Yes No

Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications. If you wish to receive veteran's preference points you must submit the necessary paperwork.

THIS FORM MAY BE DESTROYED AFTER THE INFORMATION IS ENTERED INTO THE PERSONNEL DATA BASE.

FOR AGENCY HR USE ONLY (VISUAL ASSESSMENT)

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| <input type="checkbox"/> AV (Asian) | <input type="checkbox"/> IV (American Indian or Alaska) |
| <input type="checkbox"/> BV (Black) | <input type="checkbox"/> PV (Hawaiian or Other Pacific Islander) |
| <input type="checkbox"/> HV (Hispanic) | <input type="checkbox"/> WV (White) |

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