

VOLUNTARY EEO IDENTIFICATION FORM

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. These pages are separated from your application immediately upon being received and is always kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: Date:
Title of job to which you are qualified to apply:
SEX: Male Female
ETHNIC GROUP: Please check one:
Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)
Non-Hispanic/Latino (if this category is checked, please select from the racial group found below)
RACIAL GROUPS: If Non-Hispanic/Latino was selected above, please check one of the race categories below.
White (not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
Black or African American (not of Hispanic origin); All persons having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
Asian (not Hispanic or Latino) – all persons 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.
American Indian or Alaskan Native (not Hispanic or Latino) – all persons having origins in any of the original peoples of North or South America, and who maintains cultural identification through tribal affiliation or community attachment.
Two or more Races (not Hispanic or Latino) – all persons who identify with more than one of the above races.
HANDICAPPED: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). Handicapped
DECLINED SELF IDENTIFICATION: If you do not wish to self-identify your gender, ethnicity, or race, please check the box below.
I do not wish to self identify.
Signature:
How did you hear of our opening? Current Employee Newspaper Ad Recruiter Other- Explain Below: