

EEO: EEO-1 Voluntary Self Identification Form

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. The Equal Employment Opportunity Commission (EEOC) requires certain organizations to complete an EEO-1 report each year.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program and EEO-1 reporting as applicable. We are a company that values diversity. We actively encourage women and minorities to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. This information will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Position Applied for: _____ **Date:** _____

Name: _____

GENDER: (Please check one of the options below)

Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

VETERAN STATUS: (Please check one of the descriptions below corresponding to your veteran status – if applicable.)

Vietnam Era Veteran

Special Disabled Veteran

Other Protected Veteran

Recently Separated Veteran

Armed Forces Service Medal Veterans

OTHER:

Individual with Disabilities

I do not wish to Self-Identify

Signature: _____ **Date completed:** _____