



INVITATION TO APPLICANTS TO SELF-IDENTIFY

This information is used for Equal Employment Opportunity reporting.

PLEASE NOTE: You are not required to complete any part of this form. Submission of this form is voluntary. The decision not to complete this form will not affect any opportunity for employment or any benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Position you are applying for: _____

Do you have a disability? YES NO

If you checked YES, is your disability one of the *targeted disabilities listed below? YES NO

*The Equal Employment Opportunity Commission targets the following disabilities for extra recruitment efforts: Deaf Blind Missing Extremities, Partial/Complete Paralysis, Convulsive Disorders, Mentally Retarded, Mental Illness, or Distortion Limb/ Spine.

AFFIRMATIVE ACTION RELATED DATA

Sex: Male
 Female

Ethnicity: Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
 Not Hispanic

IF you check "Not Hispanic" above, please check **one or more** of the boxes below.

Race: White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
 Asian/Indian Subcontinent (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.)
 Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 Black/African American (A person having origins in any of the Black racial groups of Africa.)