



## Invitation to Submit Equal Employment Opportunity Data

Application Date: \_\_\_\_\_

### To be completed by the applicant:

Completion of this form is entirely voluntary, and all the information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes. In addition, this information is necessary to comply with certain governmental record keeping and reporting requirements. While we strongly encourage submission of this information, your decision to do so is voluntary and any employee who declines to self-identify will not be subject to adverse treatment.

Name: \_\_\_\_\_

Sex:  Male  Female  Nonbinary/Third Gender

- Race/Ethnicity:  Hispanic or Latino  
 If not Hispanic or Latino, select one category below
- American Indian or Alaskan Native
  - Asian
  - Black or African-American
  - White/Caucasian (Not Hispanic or Latino)
  - Native Hawaiian or other Pacific Islander
  - Two or more races
  - I prefer not to self-identify

### Race/Ethnicity Definitions:

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

**White/Caucasian: (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa

**Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, South East Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Phillipines Islands, Thailand, and Vietnam

**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

**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

**Two or More Races (Not Hispanic or Latino):** Persons who identify with two or more race categories named above

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accomodation. If you wish to be identified as qualifying for such placement or accomodation, please check where applicable:

- Vietnam Era Veteran  I prefer not to self-identify
- Disabled Veteran  I do not self-identify as a Veteran
- Individual with a Disability  I self-identify as a Veteran

**Disability Status**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- \* Autism
- \* Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- \* Blind or low vision
- \* Cancer
- \* Cardiovascular or heart disease
- \* Celiac disease
- \* Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- \* Cerebral palsy
- \* Deaf or hard of hearing
- \* Depression or anxiety
- \* Diabetes
- \* Epilepsy
- \* Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- \* Intellectual disability
- \* Missing limbs or partially missing limbs
- \* Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)

**Select one:**

- Yes, I have a disability, or a history/record of having a disability
- No, I don't have a disability, or a history/record of having a disability
- I prefer not to self-identify

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**To be completed by employer:**

- EEO - 1 Category:**
- |                          |   |                          |                                   |
|--------------------------|---|--------------------------|-----------------------------------|
| <input type="checkbox"/> | 1a. Executive/Senior Level Officials and Managers | <input type="checkbox"/> | 5. Administrative Support Workers |
| <input type="checkbox"/> | 1b. First/Mid Senior Level Officials and Managers | <input type="checkbox"/> | 6. Craft Workers                  |
| <input type="checkbox"/> | 2. Professionals                                  | <input type="checkbox"/> | 7. Operatives - semi-skilled      |
| <input type="checkbox"/> | 3. Technicians                                    | <input type="checkbox"/> | 8. Laborers and Helpers           |
| <input type="checkbox"/> | 4. Sales Workers                                  | <input type="checkbox"/> | 9. Service Workers                |

Employer information completed by:

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_