

INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____

Date _____

Position Applied For: _____

Please check one:

- Male
- Female

Indicate the appropriate race/ethnic group:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More races

How were you referred to this job:

- School/College
- Advertisement
- Search Firm
- State Job Service
- Walk-In
- Employee Referral
- Government Agency
- Other _____

INVITATION TO SELF-IDENTIFY DISABILITY OR VETERAN STATUS

This employer is an affirmative action employer committed to employing and advancing the employment of qualified persons with disabilities and veterans. If you would like to be included in our affirmative action program, please let us know by completing this survey now or at any time in the future (check all applicable items).

Please note that your response is voluntary. Declining to respond will not subject you to any adverse treatment. Information you provide will be kept confidential, except that (1) supervisors and appropriate administrators may be informed regarding reasonable accommodations or work restrictions; (2) first aid personnel may be informed when, and to the extent appropriate, you have a condition that might require emergency treatment; and (3) certain information may be disclosed if required by a civil rights enforcement agency, regulation, or law.

Your Name: _____ Your Department: _____

- I am neither a veteran nor a person with a disability.
- I am a person with a disability. (“Disability” is a physical or mental impairment that substantially limits one or more major life activities.)
- I am a veteran. Date of discharge or release from active duty: _____
- I am a “special disabled veteran.” (A veteran who is entitled to compensation by the Veterans Administration for a disability rated at 30% or more, or 10 or 20% under Section 3016 of Title 38 USC covering serious employment handicap, or a person who was discharged or released from active duty because of service-connected disability.)
- I am a “veteran of the Vietnam era.” (A veteran who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was honorably discharged or released sooner because of a service-related disability.)
- I am a “recently separated veteran.” (A veteran for whom less than one (1) year has passed since the date of discharge or release from active duty.)
- I am an “other protected veteran.” (A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.)

****Answer the following only if you are a current employee or a job offer has been extended.****

Are there accommodations that have been made or need to be made in your present job that would enable you to perform the job properly and safely? Yes No If yes, please explain: _____
