



VOLUNTARY SELF-IDENTIFICATION

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This information is requested solely to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Section 4202 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act.

This information will not become part of your employment application or, if applicable, your personnel file. When reported, data will not identify any specific individual and will be kept separate from all other personnel records.

If you choose not to self-identify your race/ethnicity, the federal government requires the Research Foundation to determine this information by visual survey and/or other available information.

Gender Male Female Nonbinary

Ethnic Group

(H) Hispanic or Latino a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

If your answer was Not Hispanic or Latino, please indicate your Race.

(W) White (not Hispanic or Latino) a person having origins in the original peoples of Europe, North Africa, or Middle East.

(B) Black or African American (not Hispanic or Latino) a person having origins in any of the Black racial groups of Africa.

(A) Asian (not Hispanic or Latino) a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

(P) Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(N) American Indian or Alaskan Native (not Hispanic or Latino) a person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

(T) Two or More Races (not Hispanic or Latino)

Veteran Status

Check if any of the following are applicable.

Vietnam Era Veteran: One who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released discharged or released there from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of which occurred between August 5, 1964, and May 7, 1975.

Special Disabled Veteran A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Defense, or was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: A veteran who served on active duty during a war, campaign or expedition for which a campaign badge has been authorized.

Newly Separated Veteran Any veteran who was discharged or released from active duty within the past 3 years.

I choose not to self-identify.

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Name: _____

Date: _____

Employee ID: _____
(if applicable)**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

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
- 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)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____