

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

We must periodically produce statistical analyses of our employee records. This form ensures full compliance with our policy on Affirmative Action and non-discrimination. Completing the items on this form (other than your signature below) is completely voluntary and will help in implementing our affirmative action program.

If you choose not to answer any of the items, you will not be subject to adverse effects. However, we urge you to answer each one and assure you that this information is confidential and will not become part of your employee file. If you do not voluntarily self-identify, identification may be made by visual observation.

Last Name	First Name	M.I.	Date of Birth
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACIAL ETHNIC DATA – <i>Please identify yourself in terms of the racial ethnic group below. (If more than one ethnic group applies, please select appropriately below.)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian PRIMARY: _____ (If more than one apply)		
VETERANS – Federal regulations require that employers with over 50 employees take affirmative action to provide equal employment opportunities to Veterans. If you believe you are covered by these regulations and wish to receive consideration under them, please identify yourself by checking the appropriate box.			
<input type="checkbox"/> Vietnam-Era Veteran	<input type="checkbox"/> Post-Vietnam-Era Veteran	<input type="checkbox"/> Pre-Vietnam-Era Veteran	<input type="checkbox"/> Not a Veteran
In addition, you may elect to receive consideration as one or both of the following: <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Newly Separated Veteran Date of Separation: _____			
Branch of Service:	Dates: From _____ to _____	Rank:	
DISABLED – Federal regulations require that employers with over 50 employees take affirmative action to provide equal opportunity to individuals with disabilities. If you believe you are covered by these regulations (refer to attached sheet) and wish to receive consideration under them, please check here: <input type="checkbox"/> Optionally, list your disabling condition: _____			
Note: Each employee is considered and evaluated on individual merits as they relate to the job. This information is required to inform supervisors and managers regarding work restrictions or needed accommodations.			
<input type="checkbox"/> Please record my response as noted above. <input type="checkbox"/> I elect not to complete the above items.			
Signed: _____		Date: _____	