



Self-Identification Form (completion of this form is voluntary)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female Position: \_\_\_\_\_

**Family & Children Services** is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

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

\_\_\_\_ White (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.

\_\_\_\_ 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.

\_\_\_\_ 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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ 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 maintains tribal affiliation or community attachment.

\_\_\_\_ Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

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**Disabled/Veteran Classification(s): Please indicate the category or categories that apply to you:**

\_\_\_\_ Disabled Individual: Defined as one having a physical or mental impairment that substantially limits one or more of life's major activities; a history of such impairment, or is regarded as having such impairment.

\_\_\_\_ Vietnam Era Veteran: Served as active duty for a period of more than 180 days, and part of which occurred between August 5, 1964, and May 7 1975, and was discharge or released with other than a dishonorable discharge, or was discharge or released from active duty of a service connected disability if any part of such active duty was performed between the above mentioned dates.

\_\_\_\_ Special Disabled Veteran: Defined as one who is entitled to compensation under laws administered by the Veterans Administration for a disability rated 30% or more or was discharge or released from active duty because of service-connected disability.