



# Employee Voluntary Questionnaire for Self-Identification of: Race/Ethnicity, Disability and Veteran Status

Employee name \_\_\_\_\_

Date \_\_\_\_\_

Employee ID number (*your human resource or payroll representative can provide this number*): \_\_\_\_\_

Gender:  Female  Male

**Completing this questionnaire is optional.** If you do not provide this information, it will not subject to any adverse treatment.

**Section 1** data is collected as required by the Equal Employment Opportunity Commission (EEOC). The Department of Administrative Services submits the statewide data in a biennial report to the Equal Employment Opportunity Commission (EEOC). Data in all sections is used for statistical and reporting purposes. The information may be subject to disclosure under federal or state law or rule.

## Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability or veteran status.

### Section I. Race/Ethnicity\*

Your employer is required to record and report certain nondiscrimination and affirmative action statistics. The state invites employees to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes. All race/ethnicity information is collected and reported in five EEO-4 categories: (A) Asian or Pacific Islander, (B) Black, (H) Hispanic, (I) American Indian or Alaskan Native, (W) White, established by the federal government.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

- (A) Asian or Pacific Islander: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (AB) Asian or Pacific Islander, Black
- (AH) Asian or Pacific Islander, Hispanic
- (AI) Asian or Pacific Islander, American Indian or Alaskan Native
- (AW) Asian or Pacific Islander, White

Employee name:

- (B) Black (*not of Hispanic origin*): All persons having origins in any of the Black racial groups of Africa.
  - (BA) Black, Asian or Pacific Islander
  - (BH) Black, Hispanic
  - (BI) Black, American Indian or Alaskan Native
  - (BW) Black, White
- (H) Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - (HA) Hispanic, Asian or Pacific Islander
  - (HB) Hispanic, Black
  - (HI) Hispanic, American Indian or Alaskan Native
  - (HW) Hispanic, White
- (I) American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
  - (IA) American Indian or Alaskan Native, Asian or Pacific Islander
  - (IB) American Indian or Black
  - (IH) American Indian, Hispanic
  - (IW) American Indian, White
- (W) White (*not of Hispanic origin*): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
  - (WA) White, Asian or Pacific Islander
  - (WB) White, Black
  - (WH) White, Hispanic
  - (WI) White, American Indian

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

**For agency HR use only:**

- AV (*Asian or Pacific Islander-Visual assessment*)
- BV (*Black -Visual assessment*)
- HV (*Hispanic-Visual assessment*)
- IV (*American Indian or Alaskan Native-Visual assessment*)
- WV (*White-Visual assessment*)

**Section II: \*\*Disability**  Yes  No

(Any requests for accommodation for a current or future disability must go through your supervisor and human resources.)

**Section III: \*\*Are you a Veteran of the United States Military Armed Forces**  Yes  No

(Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications, if you wish to receive veteran's preference points.)

\*\*Providing this information is voluntary.

This form may be destroyed after the information on this form is entered into the Personnel Data Base.