

# Employee & Applicant Voluntary Self-Identification Form (to be used with all applicants)

## Employee / Applicant Self Identification Form

The information below is used by the company only to maintain records required of employers pursuant to federal regulations. Any information supplied by you will not affect your employment with the Company. The Company is an Equal Opportunity Employer.

The Company complies with various federal and state laws and regulations that require the Company to file annual statistical reports on applicants and employees at the Company. In order to assist us in reporting accurate information and in analyzing the effectiveness of our diversity initiatives, we request your voluntary cooperation of self-identifying your race and ethnicity, and veteran status.<sup>1</sup> In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used *only* for the necessary reporting and implementation of the Company's affirmative action obligations, if you are eligible and would like to be considered for participation. Filling out this form is voluntary and will have no impact on any hiring decision. Refusal to complete this form will not result in adverse action. You may self-identify at any time now or in the future.

Name (please print): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you hear of our opening?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Current Employee                    | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Government Employment Agency        | <input type="checkbox"/> Walk-In      |
| <input type="checkbox"/> Recruiter/Private Employment Agency |                                       |
| <input type="checkbox"/> Other - Explain: _____              |                                       |

I do not wish to self-identify.

**Race and Ethnicity:**

- Two or More Races (Not Hispanic or Latino)**
- 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.

<sup>1</sup> The information on this form is compiled based on federal regulations requiring the Company to summarize and submit an annual report regarding the above classification. The reports do not identify any specific individual. The form is confidential and is generally maintained in a separate, limited access file and should not generally be maintained in an employee's personnel file.

- 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 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 maintain tribal affiliation or community attachment.
- Other (specify) \_\_\_\_\_

**Gender:**

- Male
- Female

**Veteran Status: (if applicable)**

- Disabled Veteran** - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability.
- Armed Forces Service Medal Veteran** - A veteran who: while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985
- Other Protected Veteran** - Any veteran who served on active duty in the U.S. military, ground, naval, or air service, during a "war" or in a campaign or on an expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Recently Separated Veteran** - A veteran who is in the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Invitation to Self-Identify for Individuals with Disabilities (to be used with all employees only after offer of employment but before beginning of job duties, unless Company is actively undertaking affirmative action for people with disabilities at the pre offer stage pursuant to Federal, State or local law)

## **Invitation to Self-Identify as Individual with a Disability**

The Company is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. If you would like the Company to include you under its affirmative action program, please let us know. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

You may inform the Company of your desire to benefit under its affirmative action program at this time and/or at any time in the future. This information will assist the Company in placing you in an appropriate position and in making accommodations for your disability.

Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed. The information provided will be used only in ways that are not inconsistent with Section 503 of the Rehabilitation Act.

A written copy of the Company's Affirmative Action Program for Veterans and Persons with a Disability is available for review by any employee or applicant for employment, during normal business hours, in the Company's office at 4640 E. Cotton Gin Loop, Phoenix, AZ 85040.

If you wish to self-identify as an individual with a disability, please contact **Sheila Byrd** at **623-242-0227** for assistance.