

CONFIDENTIAL EEO - VOLUNTARY SELF IDENTIFICATON FORM

Name:				Social Security Number:	
Last	, Fir	st	Initial	-	
government, your opportu remitting pu	to complete an E unity for employn	EEO-I report ea nent or terms o vill be kept sep	ich year. r conditi	COC) requires organizations d Completion of this data is vol ons of employment. This form m all other personnel records	untary and will not affect will be used for EEO-I
GENDER:	Male	Female			
RACE / I	ETHNICITY: Pleas	e check one of	the ethn	ic groups listed below with w	hich you identify.
peoples				or Latino) A person having on tral America) and who main	
Southea		an Subcontine	nt, includ	origins in any of the original pring for example, Cambodia, Cand Vietnam.	
Black or groups o		n (Not Hispanio	c or Latir	o) A person having origins in	any of the black racial
_	e or Latino A pers or origin regardles		lexican, F	Puerto Rican, South or Centra	l America, or other Spanish
	l awaiian or Other of Hawaii, Guam, S			ispanic or Latino) A person h slands.	aving origins in any of the
	Not Hispanic or L a ast or North Afric		n having	origins in any of the original p	peoples of Europe, the
Two or I	ore Races (Not	Hispanic or Lat	tino) All p	persons who identify with mo	re than one of the above six
Choose	Not to Disclose				
Signature					Date