

EQUAL EMPLOYMENT OPPORTUNITY DISCLOSURE

To the extent we are a government contractor, we are required to take affirmative action to provide opportunities for employment and advancement to women, minorities, qualified individuals with a disability, disabled veterans, and veterans of the Vietnam era. We invite you to fill out this form in order to help us implement our affirmative action program. We also invite you to tell us about any accommodations that you believe we could make that would better enable you to perform the job properly and safely.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment whatsoever. The information will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid/safety personnel or government officials.

Name: _____ Date: _____ Position: _____

Sex: Male Female

Race

<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/>	Black or African-American	A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino (White race only)	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of the white race.
<input type="checkbox"/>	Hispanic or Latino (all other races)	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any race other than white.
<input type="checkbox"/>	Asian	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.
<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Disability/Veteran Status

<input type="checkbox"/>	Disabled	(Anyone having any physical or mental impairments which substantially limit one or more major life activities).
<input type="checkbox"/>	Special Disabled Veteran	(Veteran entitled to VA-administered disability compensation, or discharged from active duty because of a service-connected disability, for a disability rated at 30% or more, or rated at 10-20% where the VA has determined the veteran to have a serious employment handicap).
<input type="checkbox"/>	Vietnam Era Veteran	(Anyone discharged from active service for a service-connected disability, or anyone who served more than 180 days active duty and was discharged with other than a dishonorable discharge, if any part of such active duty was in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or between August 5, 1964 and May 7, 1975 in all other cases).
<input type="checkbox"/>	Other Eligible Veteran	(Veteran who served on active duty during a war or in a campaign for which a campaign badge has been authorized).

You may identify any accommodations we could make that would better enable you to perform properly and safely the job at issue: _____