

# Applicant EEO Self-Identification

Name

Position Applied For

Gender

☐ Male ☐ Female ☐ I do not wish to disclose

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I do not wish to disclose

Race (Select all that apply)

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander ☐ I do not wish to disclose

Veteran Status

☐ Yes ☐ No ☐ I do not wish to disclose

Disability Status

☐ Yes ☐ No ☐ I do not wish to disclose