

EEO Self-Identification and Data Collection Form

Full Name

Date

Gender

- ☐ Male ☐ Female ☐ Non-Binary ☐ I do not wish to answer

Race/Ethnicity

- ☐ Hispanic or Latino ☐ White (Not Hispanic or Latino)
☐ Black or African American (Not Hispanic or Latino)
☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
☐ Asian (Not Hispanic or Latino) ☐ American Indian or Alaska Native (Not Hispanic or Latino)
☐ Two or More Races (Not Hispanic or Latino) ☐ I do not wish to answer

Disability Status

- ☐ Yes, I have a disability (or previously had a disability) ☐ No, I do not have a disability
☐ I do not wish to answer

Veteran Status

- ☐ Protected Veteran ☐ Not a Protected Veteran ☐ I do not wish to answer