

New Hire EEO Self-Identification Form

Full Name

Job Title

Department

Email Address

Gender

☐ Female ☐ Male ☐ I do not wish to disclose

Race/Ethnicity

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐

Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or More Races ☐ I do not wish to disclose

Disability Status

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

Veteran Status

☐ I identify as one or more of the classifications of Protected Veteran ☐ I am not a Protected Veteran ☐ I do not wish to disclose