

Workplace Diversity Self-Identification Form

Full Name

Email Address

Gender Identity

☐

Male

☐

Female

☐

Non-binary

☐

Other

☐

Prefer not to say

Ethnicity

☐☐☐☐☐

Prefer not to say

Do you identify as a person with a disability?

☐

Yes

☐

No

☐

Prefer not to say

Are you a veteran?

☐

Yes

☐

No

☐

Prefer not to say

Sexual Orientation

☐☐☐☐

Prefer not to say

Comments

