

APPLICATION FOR EMPLOYMENT

EEO-1 SELF IDENTIFICATION FORM

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing **ABCI's** compliance status shall be informed. *Categories consistent with EEO-1, 41 C.F.R. §-300 & Form VETS-100A

Date completed: _____

Name: _____

Job Title: _____

(Please check one of the options below)

GENDER: _____ Male _____ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** 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.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.



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Veteran Status Check all that apply.

- I am a disabled veteran.
- I am a recently separated veteran. If Yes, date of discharge (MM/DD/YY):
- I am an other protected veteran.
- I am an armed forces service medal veteran.

Self-Identification Form Definitions:

1. The term “Disabled Veteran” means: A. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or B. A person who was discharged or released from active duty because of a service-connected disability.
2. The term “Recently Separated Veteran” applies to any veteran during the three-year period beginning on the date of discharge or release from active duty.
3. The term “Other Protected Veteran” is a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
4. The term “Armed Forces Service Medal Veteran” is a veteran who participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).
5. An “individual with a disability” means any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (ii) has a record of such impairment; (iii) is regarded as having such impairment.

Thank you for your participation.

I DO NOT WISH TO SELF-IDENTIFY

Applicant Signature: _____ Date: _____

Print Name: _____

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