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| Government Reporting  |
| This Company is an Affirmative Action/Equal Opportunity Employer and is required to collect certain information for federal reporting purposes. We ask that you complete this voluntary form to help us meet these requirements. Disclosure or refusal to provide such information will in no way result in adverse action by the Company. All information disclosed below will be kept confidential and will be used only in ways consistent with federal reporting requirements, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (2) first-aid and safety personnel may be informed, when and to the extent appropriate, if a condition might require emergency treatment; and (3) government officials engaged in enforcing the Americans with Disabilities Act and laws regulating government contractors may be informed. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_ Male Are you Hispanic or Latino? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_If you answered “no” above, please identify your ethnicity below: \_\_\_\_\_\_ White \_\_\_\_\_\_ Black or African American \_\_\_\_\_\_ Asian \_\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_\_\_ Two or More RacesPlease indicate the category or categories that apply to you:( ) Individual with a Disability An “individual with a disability” is defined as a person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.( ) Disabled Veteran  A "Disabled veteran” refers to a veteran of the U.S. military, ground, naval, or air service who (i) Is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) Was discharged or released from active duty because of a service-connected disability. ( ) Armed Forces Service Medal Veteran An "Armed Forces Service Medal Veteran” refers to a person who, while serving on active duty in the United States military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. ( ) Recently Separated Veteran  A “Recently Separated Veteran” refers to as any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the United States military, ground, naval, or air service. ( ) Other Protected Veteran  An “Other Protected Veteran” refers to a person who served on active duty in the United States military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.  Please list any accommodations needed to assist you in performing the essential functions of your job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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