

Demographic Information Survey

In order to comply with federal equal employment opportunity recordkeeping and reporting requirements, the company is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify yourself as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the "two or more races" box, and also list the single race/ethnic group with which you most closely identify.

Last Name:		First Name:		Middle Initial:	Date:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:		Position applied for:	
A.	Race and Ethnicity				
	<input type="checkbox"/>	Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.			
	OR				
	B. Not Hispanic or Latino				
	<input type="checkbox"/>	White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
	<input type="checkbox"/>	Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.			
	<input type="checkbox"/>	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.			
	<input type="checkbox"/>	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.			
<input type="checkbox"/>	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.				
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five racial/ethnic groups. If you check this box, please list the single racial/ethnic group above with which you most closely identify: _____				
<input type="checkbox"/>	If you choose not to self-identify your race or ethnicity, please check this box.				