Equal Employment Opportunity (EEO1) Employee Self-Identification Form

Name:		
Job Title:		
GENDER: (Please check one of	the options below)	
Male	Female	Non-Binary
RACE/ETHNICITY: (Please check one of which you identify.)	the descriptions below corres	ponding to the ethnic group with
·	no: A person of Cuban, Mexical panish culture or origin regardl	n, Puerto Rican, South or Central ess of race.
•	anic or Latino): A person having ne Middle East or North Africa.	g origins in any of the original
Black or African of the black racial gro	,	ino): A person having origins in any
	or Pacific Islander (Not Hispar peoples of Hawaii, Guam, Sam	, .
peoples of the Far Ea	·	
Native American 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 maintains tribal affiliation or community attachment.		
Two or more rac	,	persons who identify with more than
I do not wish to d	disclose.	
Signature		Date