Equal Employment Opportunity
Employee Information

Employee Information *(Please print)*

Name: _____

Work Location: _____ Work Phone:

The Company is required by law* to compile and submit an annual report on our entire employee population to the Joint Reporting Committee, an agency of the federal government. Please help us to comply with these obligations by checking the appropriate boxes below:

Sex:

☐ Male

☐ Female

Ethnicity Hispanic or Latino

☐ Yes ☐ No

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

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Race:

☐ Black	A person having origins in any of the Black racial groups of Africa.
☐ Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ Asian	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 Alaskan Native	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.
☐ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
☐ Two or more races	All persons who identify with more than one of the above five races.

*Title VII of the Civil Rights Act of 1964, Executive Order 11246

This information will be used for statistical data and reporting purposes only. It will not become part of your personnel folder.

Employee Signature: _____ Date: _____