Voluntary Self-Identification Survey

In order for Bloomsburg University to comply with Equal Employment Opportunity laws and regulations and to assess our recruitment and retention efforts, we solicit the ethnicity and gender of all employees. Our affirmative action/social equity efforts would be greatly enhanced by providing this information. We would appreciate your completion of this form. Please return to Jerry Reed, Director of Human Resources and Labor Relations.

Please be advised that this request is optional. Refusal to provide this information will not subject you to discharge or any adverse treatment. Any information obtained will only be used in compliance with the foregoing statutes and regulations issued thereunder. Also, information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and disabled veterans, regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition may require emergency treatment; and (3) government officials investigating compliance with the above laws may be informed.

Last Name: ___________________________  Address: ___________________________
First Name: ___________________________  ___________________________
Gender: (Circle one) Male  Female  ___________________________

1) What is your ethnicity (Do you consider yourself to be Hispanic/Latino/Spanish)?

☐ Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.

☐ Not Hispanic or Latino

2) What is your race (In addition, select one or more of the following racial categories to describe yourself)?

☐ Hispanic of any race

For non-Hispanics only:

☐ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ Asian: Persons 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.

☐ Black or African American: Persons having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Pacific Islander: Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White/Caucasian (Not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Two or more races: Select those that apply
How do you classify yourself? (if applicable)

☐ **Special Disabled Veteran:** means (1) 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 (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, USC to have a serious employment handicap or (2) a person who was discharged or released from active duty because of a service-connected disability.

☐ **Veteran of the Vietnam-Era:** means a person who: (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964 and May 7, 1965, in all other cases; (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964 and May 7, 1965, in all other cases.

☐ **Other Veteran:** means a veteran who served on active duty during a way or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix B. A local OPM telephone number may be found in the telephone book under nearest OPM location. For those with Internet access, the information required to make this determination is available at [http://www.opm.gov/veterans](http://www.opm.gov/veterans).

☐ **Individual with a disability:** means a person who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Do you have a mobility concern that would prevent you from evacuating a building in an emergency? (Circle one)  Yes  No

If you have been self-identified as an individual with a disability or as a special disabled veteran, please describe your disability: ____________________________________________________________

Have accommodations for your disability been made to aid you in performing your job?: (Circle one)  Yes  No

If yes, please describe such accommodations: ____________________________________________________________

If you feel that accommodations for your disability would aid you in performing your job, please describe: ____________________________________________________________

______________________________  ______________________________
Signature  Date

Bloomsburg University of Pennsylvania is committed to equal educational and employment opportunities for all persons without regard to race, religion, gender, age, national origin, sexual orientation, disability or veteran status.

Revised April 17, 2012