Voluntary Self-Identification Form

[Company Name] is an equal opportunity employer. We are required by federal law to report summary information about the sex, race and ethnicity of applicants and employees, and we use it to check that our hiring process is fair. Completing this form is voluntary. Declining to answer will not affect your application or employment in any way. Your answers are kept confidential, stored separately from your application, and are not seen by anyone who makes hiring decisions.

POSITION

Position applied for (or current job title for employees)

Requisition or job ID

Date

SEX

Sex

☐ Male ☐ Female ☐ I do not wish to answer

ETHNICITY

Are you Hispanic or Latino?

☐ Yes ☐ No ☐ I do not wish to answer

RACE (ANSWER IF YOU ARE NOT HISPANIC OR LATINO)

Race

☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native ☐ Two or More Races ☐ I do not wish to answer

RACE AND ETHNICITY DEFINITIONS

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

☐ White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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

☐ 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.

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

☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment.

☐ Two or More Races: a person who is not Hispanic or Latino and who identifies with more than one of the five races above.

PROTECTED VETERAN STATUS (FEDERAL CONTRACTORS)

[Company Name] is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), which requires us to take affirmative steps to employ and advance protected veterans. Protected veterans include disabled veterans, recently separated veterans (within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, and Armed Forces service medal veterans. Providing this information is voluntary and will not be used against you.

Veteran status

☐ I identify as one or more of the classifications of protected veteran listed above

☐ I am not a protected veteran ☐ I do not wish to answer

DISABILITY STATUS (NOTE)

OFCCP rules effective September 21, 2026 removed the federal contractor requirement to invite applicants and employees to self-identify disability, and Form CC-305 was retired. Do not add a disability question to this form unless counsel confirms a current state or local rule requires one.

COMPLETED BY

Name (optional)

_____

_____ _____

Signature (optional) Date

FOR HR USE ONLY (STORE SEPARATELY FROM THE APPLICATION)

Date received

_____

Applicant or employee ID used to link to the applicant flow log

_____

Collection point

☐ Pre-offer (application) ☐ Post-offer ☐ Current employee survey

Stored in restricted HR system or file (location)

_____

Retention end date

_____