



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Therefore, we are asking employees to complete a voluntary self-identification sheet below so that we can properly maintain our records according to the report requirements.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

**Name:** \_\_\_\_\_ **Job Title:** Respite Provider

**GENDER:**       Male                                       Female

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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

**White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

**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.

**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.

**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.

**Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

**Date completed:** \_\_\_\_\_

**Office Use Only:**

Check here if identification was made by someone other than the employee (employee chose not to self-identify). Federal regulations require that employers identify a race/ethnicity based on observation if the employee chooses not to self-identify.

Name/Signature of person making identification based on observation: \_\_\_\_\_

Our mission is to empower children and families, to promote healthy growth and development by providing high-quality services to our consumers resulting in lifelong successes and strengthening of families and communities.