

## Self Identity Form

MEDSTAFF, Inc. is an affirmation action/equal opportunity employer committed to extending equality to all individuals regardless of age, race, sex, sexual orientation, disability, national origin or veteran status. Please complete the information requested below. Submission of this information is voluntary. However, your answers will be treated confidentially and used only for EEO statistical compilation and report filing. Thank you for your cooperation.

Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_

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I am choosing not to provide the information requested below

Sex:  Male  Female

Race:  White

Black

Hispanic

Asian/Pacific Islander

American Indian/Alaska Native

Other: \_\_\_\_\_

Disability Status:  Yes  No Type: \_\_\_\_\_

Work duty restrictions: \_\_\_\_\_

Special accommodations requested: \_\_\_\_\_

Veteran Status:  Yes  No

Disabled Veteran

Work duty restrictions: \_\_\_\_\_

Special accommodations requested: \_\_\_\_\_

Veteran of the Vietnam Era

Newly Separated Veteran