

# EEO-1 Self Identification

Responses are used to complete the Department of Labor EEO Reporting

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Mosinee School District is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As government contractors, we also comply with government regulations including, but not limited to, affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974, and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.

Thank you for your participation!

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.*

\_\_\_\_\_ **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.*

\_\_\_\_\_ **Native Hawaiian or other 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 Alaska 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.*

\_\_\_\_\_ I do not wish to self-identify.

**Veteran Status:**

\_\_\_\_\_ I am Not a Veteran.

\_\_\_\_\_ Yes, I am a Veteran.

**Disability:** Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked "Yes", is your disability one of the disabilities listed below?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Blind

Convulsive Disorder

Partial Paralysis

Deaf

Mental Retardation

Complete Paralysis

Missing Extremity (s)

Mental Illness

Genetic or physical condition affecting limbs or spine