

Memo

To: **ALL APPLICANTS**

From: Human Resources Department

Re: **Affirmative Action Self-Identification Survey**

HFMFoodService is subject to various equal employment opportunity (EEO) laws, which require that we record certain affirmative action information about our employees. Information regarding sex, race, disability, and veteran status is necessary for government reporting purposes and to insure equal employment opportunity for all employees.

To help us comply with Federal and State EEO requirements, we are asking you to participate in an Affirmative Action Self-Identification Survey. Your participation is entirely voluntary; however, your cooperation will be appreciated. The information will be kept confidential and used only in accordance with government regulations.

If you have any questions concerning the attached survey, please contact the Human Resources Department at 843-3219.

HFM FoodService

Confidential Voluntary Disclosure Form

THIS INFORMATION IS ASKED FOR RECORD KEEPING PURPOSES ONLY

As an equal opportunity employer and government contractor, we are obliged by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in this process, you are invited to complete this survey, which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and our Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

NAME: _____

GENDER: Please identify your gender: _____ **Male** _____ **Female**

Below are two questions: the first is about your ethnicity and the second is about your race. Please answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the federal government for reporting purposes. For these purposes, if you mark "Yes, Hispanic or Latino," for the first question, your races will not be reported.

If you select more than one race, your race will be reported in the "Two or More Races" category to the federal government. For example, if you select both "Black" and "Asian", you will be reported in the "Two or More Races" category for reporting purposes.

ETHNICITY: **Are you Hispanic or Latino?**

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

RACE: **What is your race? Select one or more of the following race categories:**

_____ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **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.

_____ **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.

_____ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Two or More Races**

VETERAN STATUS: (Check only ONE)

_____ **Armed Forces Service Medal Veteran**

Any Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)

_____ **Recently Separated Veteran**

Any Veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty in the United States military, ground, naval, or air-service.

_____ **Other Protected Veteran**

A Veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge was authorized, under the laws administered by the Department of Defense.

_____ **None of the Above**

_____ **I do not wish to self-identify.**

Signature: _____

Date: _____