

VOLUNTARY SELF-IDENTIFY FORM

EnviroIssues is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, disability, veteran status or any other legally protected status. Applicants are invited to participate in our Affirmative Action Program by completing Section 3 and reporting their gender and status as minority. In extending this invitation, you are advised that: 1) you are under no obligation to provide this information, but may do so in the future if you choose; 2) any responses you provide will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary reporting required by law.

Any information provided on this form is considered confidential information that will not be used in any hiring decision. If you decline to provide the information requested in Section 3, it will have no bearing on your application; will have no impact in our consideration of you for employment; and will not subject you to any adverse treatment. Completion of Section 3 of this form is strictly voluntary. If you choose not to provide status information, please indicate this in each of the boxes in Sections 3 A-B. If you choose to participate by completing Section 3 of this form, we thank you for your cooperation.

SECTION 1: General Applicant Information – Please Complete

Applicant Name: _____

Position Applied For: _____

Date: _____

SECTION 2: How did you hear about EnviroIssues? – Please Check One

- | | |
|--|--|
| <input type="checkbox"/> EnviroIssues Website | <input type="checkbox"/> Community Organization (name of organization): _____ |
| <input type="checkbox"/> Work Source | <input type="checkbox"/> University / College Placement Office (name): _____ |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Referred by current or former employee (name): _____ | |

SECTION 3: Applicant Affirmative Action Data – Please Complete

A. **Gender** – Check ONE box: Male Female Do not wish to identify

B. **Race/National Origin** - Check the box below that corresponds to the category that best identifies your race/ethnicity.

Important: If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

| Race/Ethnic Category | Definition of Category |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| NOT Hispanic or Latino | |
| <input type="checkbox"/> Caucasian | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| <input type="checkbox"/> Black or African American | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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 maintain tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or more races (NOT Hispanic or Latino) | All persons who identify with more than one of the above five races. |
| <input type="checkbox"/> Do not wish to identify | All persons not wishing to self-identify race/ethnicity |

SECTION 4: Voluntary Self-Identification as a Protected Veteran – Please Complete

Veteran Status* - Please check all boxes below that apply. Identification of veteran status is essential for our Affirmative Action data collection and reporting required by law. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only; it will not affect in any way your employment with EnviroIssues.

| Veteran Status* | Definitions |
|--|---|
| <input type="checkbox"/> Protected Veteran | I am a protected veteran |
| <input type="checkbox"/> Not Applicable | I am not a veteran |
| <input type="checkbox"/> Do not wish to identify | All persons not wishing to self-identify veteran status |

*According to 41 CFR 60-300.42, there are only two circumstances under which a prospective employer may ask job applicants who are Special Disabled Veterans to self-identify before an offer of employment is made: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans.

SECTION 5: Voluntary Self-Identification of Disability – Please Complete

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against us in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to: Blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Your Name

Today's Date