



**EMPLOYEE VOLUNTARY QUESTIONNAIRE  
EEO SELF-IDENTIFICATION FORM**

**Gender, Race/Ethnicity, Disability, and Veteran Status**

**INSTRUCTIONS**  
PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Ben Franklin Transit is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee EEO Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information.

The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

**REQUIRED INFORMATION (please print)**

Date Completed \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I. Employee ID

**ANTI-DISCRIMINATION NOTICE**  
It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

**SECTION I. Gender and Race/Ethnicity**

**Gender** (please select one):

Female \_\_\_\_\_ Male \_\_\_\_\_ I do not wish to self-identify \_\_\_\_\_

**Race/Ethnic Identification:** please mark the **one box** describing the race/ethnicity with which you identify:

*\*If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.*

\_\_\_\_\_ **American Indian or Alaska Native** (Non-Hispanic or Latin): A person having origins in any of the original peoples of North and South American (including Central America), and who maintain a tribal affiliation or community attachment.

\_\_\_\_\_ **Asian** (Non-Hispanic or Latin): 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** (Non-Hispanic or Latin): A person having origins in any of the original peoples of the black racial groups of Africa.

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

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (Non-Hispanic or Latin): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **White** (Non-Hispanic or Latin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **Two or More Races** (Non-Hispanic or Latin): Persons who identify with two or more racial categories named above.



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**SECTION II. Disability**

You may voluntarily self- identify as having a disability without fear of adverse treatment. Information provided will be kept confidential.

**How do I know if I have a disability?**

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:  
(these are examples please do not select or write your disability on this form)

- 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 do not have a disability
- I do not wish to self-identify

**SECTION III. Veteran Status**

Are you a Veteran of the United States Military Armed Forces?

**Please check one of the boxes below:**

- Yes, I am a Veteran
- No, I am not a Veteran
- I do not wish to self-identify

**FOR AGENCY HR USE ONLY (VISUAL ASSESSMENT)**

- |          |  |          |   |
|----------|--|----------|---|
| _____ AV | Asian - Visual Assessment                    | _____ PV | Hawaiian / Pacific Islander – Visual Assessment |
| _____ BV | Black – Visual Assessment                    | _____ WV | White – Visual Assessment                       |
| _____ HV | Hispanic – Visual Assessment                 | _____ TV | Two or More – Visual Assessment                 |
| _____ IV | American Indian or Alaska -Visual Assessment |          |   |
|          |  | _____    | Initial Visual Assessment                       |