

Name: _____

Date: _____

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION VOLUNTARY SELF IDENTIFICATION FORM

Northwest Hospital and Medical Center is an Equal Opportunity and Affirmative Action Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

New Hires are invited to participate in the Affirmative Action Program by reporting their race, gender, veteran status and disability status. In extending this invitation you are also advised that: (a) employees are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary data required for our Equal Opportunity Reporting and Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will have no bearing on your employment status and will not subject you in any adverse treatment.

1. Race Check one:

- White** – A person having origins in any of the original peoples of Europe, North America and the Middle East.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – All persons of Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture or origin regardless of race.
- 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.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian / Alaskan Native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races** – All persons who identify with more than one of the above races.

2. Gender Male Female

3. Veteran Status

Are you a veteran? Yes No

Separation Date from Military: _____

- Disabled Veteran:** A veteran who 1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs for a disability; or 2) was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran:** A person who served on active duty during a war (other than the Vietnam War) or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, please consult the VETS-100 web site (<http://www.fedshirevets.gov/hire/hrp/vetguide/index.aspx>).
- Armed Forces Service Medal Veteran:** A person 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
- Recently Separated Veteran:** A veteran who was discharged or released from active duty within the last three (3) years.

4. Disability Status

- Individual with a Disability:** A person who 1) has a physical or mental impairment that substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such impairment.

Continue on the back page to complete language bank survey form

Language Bank Survey Form

NWH&MC maintains a voluntary Language Bank in order to assist patients and visitors. If you are fluent in another language and willing to assist in providing translation/interpretation, please complete:

Include my name on the Language Bank Yes No
Are you fluent in English? Yes No

List other language(s) in which you are **fluent** _____

Interpreter certification is **not** a requirement for the Language Bank, however:

Are you a certified interpreter? Yes No

If yes, please name organization(s) that issued certification & provide expiration date (if any)

Employee's Signature: _____