

**EQUAL EMPLOYMENT OPPORTUNITY  
SELF-IDENTIFICATION FORM**

|   |                   |
|---|-------------------|
| ID <input style="width: 80%;" type="text"/> | Internal Use Only |
|---|-------------------|

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. Additionally, we are committed to recruiting a diverse and inclusive talent pool. All forms of illegal discriminatory actions against applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites applicants and employees to voluntarily respond to the following questionnaire. This information is confidential, will not be included in personnel files, or disclosed to individuals making employment decisions, 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 purposes. When reported, data will not identify any specific individual. Refusal to provide this self-identification information will not subject you to any adverse treatment.

|                               |   |               |  |
|-------------------------------|---|---------------|--|
| <b>First Name</b>             | <input style="width: 95%;" type="text"/>  | <b>MI</b>     | <input style="width: 90%;" type="text"/> |
| <b>Last Name</b>              | <input style="width: 85%;" type="text"/>  | <b>Suffix</b> | <input style="width: 15%;" type="text"/> |
| <b>Social Security Number</b> | <input style="width: 100%;" type="text"/> |               |  |
| <b>Date of Birth</b>          | <input style="width: 100%;" type="text"/> |               |  |

|               |  |                                      |  |  |   |
|---------------|--|--------------------------------------|--|--|---|
| <b>Gender</b> | <input type="checkbox"/> Female or woman | <input type="checkbox"/> Male or man | <input type="checkbox"/> Non-binary (not female/woman or male/man) | <input type="checkbox"/> Other – A gender not listed | <input type="checkbox"/> Unknown/I choose not to disclose |
|---------------|--|--------------------------------------|--|--|---|

**Ethnicity** (check, if applicable):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, or other Spanish culture or origin, regardless of race. |
|--------------------------|---|

**Race** (check one):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>American Indian or Alaskan Native</b> - A person having origins in any of the original peoples of North or South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.           |
| <input type="checkbox"/> | <b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam. |
| <input type="checkbox"/> | <b>Black or African American</b> - A person having origins in any of the Black racial groups in Africa.   |
| <input type="checkbox"/> | <b>Native Hawaiian or other Pacific Islander</b> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> | <b>White</b> - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  |
| <input type="checkbox"/> | <b>Two or more races</b> - All persons who identify with more than one of the above races.  |

**Veteran Status** (check any that apply):

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Disabled Veteran</b> - A veteran who 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, or was discharged or released from active duty because of a service-connected disability. |
| <input type="checkbox"/> | <b>Recently Separated Veteran</b> - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.  |
| <input type="checkbox"/> | <b>Other Protected Veteran</b> - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.  |

**Armed Forces Service Medal Veteran** - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Not a Protected Veteran** - I am a veteran but do not belong to one of the above protected veteran categories.

**Question #1: Has anyone in your household ever served, or are they currently serving, in the U.S Armed Forces, National Guard, or Reserves?**  
 Yes     No

**Question #2: If you responded "yes", to question #1 select any that apply:**  
 Self     Spouse/Partner     Child     Other (Specify)

**Question #3: If you responded to question #2, select any that apply:**  
 US Armed Services     National Guard     Reserves

**I affirm that I have truthfully answered all of the questions above.**  
Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Entered By:**     **Date:**

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