

Employee Self Identification Form

Community Blood Center/Community Tissue Services is a federal contractor / subcontractor. As such, we are required to collect and maintain demographic information about our employees. We want to provide you with the opportunity to self-identify. Your cooperation in providing the information is voluntary and will be kept strictly confidential.

Gender: _____ Male _____ Female

I primarily self identify with the following group:

Please mark the applicable group (defined by Governmental terms):

_____ **HISPANIC or LATINO**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **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 peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **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.

_____ **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.

_____ **WHITE**

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

_____ **TWO or MORE RACES**

All persons who identify with more than one of the above groups.

As a federal contractor / subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended, we are committed to take affirmative action to employ and advance in employment protected veterans, as defined under the classifications below.

If you are a member of any of the protected veterans classifications listed below, please indicate by marking any / all that are applicable; this information will not be used in a manner inconsistent with VEVRAA, as amended.

_____ **DISABLED VETERAN** – A veteran of the U.S. military, ground, naval or air service 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, a person who is discharged or released from active duty because of a service-connected disability.

_____ **ACTIVE DUTY WARTIME OR CAMPAIGN BADGE 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 has been authorized, under the laws administered by the Department of Defense. *Web-link to Campaign Badges: <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9>

_____ **RECENTLY SEPARATED VETERAN** – Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

_____ **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 U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.

*Web-link to Armed Forces Service Medals: http://www.tioh.hqda.pentagon.mil/Awards/armed_forces_service.aspx

*May be documented via individual veteran's separation document DD Form 214 (i.e., Certificate of Release or Discharge from Active Duty).

_____ **I AM NOT A PROTECTED VETERAN**