

# EEO-1 Self-identification Form

---

---

Community Awareness & Treatment Services, Inc. (CATS), is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CATS invites applicants and employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information will be kept confidential 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. When reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

---

---

**Please Print**

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you hear about this/these openings at CATS? : \_\_\_\_\_

---

---

Name (Last, First, Middle Initial): \_\_\_\_\_

Address: \_\_\_\_\_

---

---

## EEO-1 Survey

I elect to **not** self-identify

If you wish to be identified please sign below and complete the survey otherwise leave blank.

Applicant/Employee Signature: \_\_\_\_\_

Check One:    Female    Male    Transgender

**Ethnicity: Are you Hispanic or Latino?**

No, I am not Hispanic or Latino.

Yes, I am Hispanic or Latino: Defined as, a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

**Race:** . **Important** . Only complete this section if you checked **No**, I am not Hispanic or Latino,+in the Ethnicity section above.

What is your race? Only select **One** of the following categories:

- White** . A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** . A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** . A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of 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.
- Two or More Races** . All persons who identify with more than one of the above five races.

---

---

### Veterans Status

Please check all that apply:

- I am not a protected veteran
- I am a disabled veteran
- I am a recently discharged veteran      Date of discharge (MM/DD/YY) \_\_\_\_\_
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

#### *Veterans Status Definitions:*

1. The term "Disabled Veteran" means:

- A. 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 Department of Veterans Affairs for a disability; or

B. A person who was discharged or released from active duty because of a service-connected disability.

2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.

3. An individual with a disability means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.

---

---

**CATS Human Resources Personnel Only**

Employee Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Date of visual report: \_\_\_\_\_

Date self/visual information entered into reporting database: \_\_\_\_\_