**Equal Employment Opportunity Self-Identification**

# Voluntary Applicant Survey

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ITEP is an equal opportunity employer committed to diversity, equity and inclusion in hiring and advancement as well as in our external-facing work promoting more equitable public policy. We collect information to monitor our progress in advancing these goals. The information provided will be held in the strictest confidence for tracking purposes only. We actively encourage women, people of color, veterans and people with disabilities to apply

**Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity.**

|  |  |
| --- | --- |
| Ethnic group: | \_\_\_\_ Hispanic or Latino  \_\_\_\_ Not Hispanic or Latino  \_\_\_\_ Prefer not to say |
| Race  (choose as many as apply): | We use census terminology. See [definitions here](https://www.unmc.edu/academicaffairs/institutional/research/fact-book/race-ethnicity.html). If you prefer a different term for your race or ethnicity, feel free to provide it.  \_\_\_\_ Asian  \_\_\_\_ Black or African American  \_\_\_\_ American Indian or Alaska Native  \_\_\_\_ Native Hawaiian or other Pacific Islander  \_\_\_\_ White  \_\_\_\_ Other (fill in):  \_\_\_\_ Prefer not to say |

|  |  |
| --- | --- |
| Gender: | \_\_\_\_ Prefer to self-describe as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Prefer not to say |
| Veteran status: | \_\_\_\_ I identify as a protected veteran (see [definition here](https://www.dol.gov/sites/dolgov/files/ofccp/posters/Infographics/files/ProtectedVet-2016-11x17_ENGESQA508c.pdf))  \_\_\_\_ I am not a protected veteran  \_\_\_\_ Prefer not to say |
| Disability status: | \_\_\_\_ Yes I have a disability ([find definitions here](https://disabilityin.org/faq-items/how-do-i-know-if-i-have-a-disability/))  \_\_\_\_ No, I don’t have a disability  \_\_\_\_ Prefer not to say |