

## SEX, RACE AND ETHNIC IDENTIFICATION

The federal government requires that an employer maintain records on the sex, race, and ethnic group of its applicants. See the *Uniform Guidelines on Employee Selection Procedures*, 29 C.F.R. §§ 1607 et. seq., C.F.R. §§ 60-3.1 et. seq. (1978). In order to comply with these requirements, The Johns Hopkins Health System Corp./Hospital must ask that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separately from your application.

Position applied for \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Ethnic Group (check if you are a member of the ethnic group)

- White, not of Hispanic origin
- African American, not of Hispanic origin
- Asian or Pacific Islander, including persons having origins on the Indian subcontinent
- Hispanic, including persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin
- Native American or Alaskan Native

## INVITATION TO DISABLED PERSONS AND VETERANS OF THE VIETNAM ERA

You are invited to complete the following information if you consider yourself to be a disabled individual, a disabled veteran, or a veteran of the Vietnam era (served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975). Submission of this information is voluntary and a refusal to provide it will not prevent you from being considered for employment or subject you to discharge or disciplinary treatment.

This information will be kept confidential and is collected for preparation of an Affirmative Action Program. Your signature to this form constitutes your agreement to permit the release of this information to government officials investigating compliance with the Rehabilitation Act of 1973, or the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

I CLAIM STATUS AS:

- Disabled Individual
- Disabled Veteran
- Vietnam Era Veteran

Type of Disability:

- Ambulatory
- Coordination
- Mental/Psychological
- Sight
- Speech
- Other \_\_\_\_\_
- Hearing
- Learning

I certify to the best of my knowledge, the above-stated information is correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE