

EEO Self-Identification Form

The Equal Employment Opportunity Commission (EEOC) requires public organizations to complete an EEO report every other odd year. The Department of Administrative Services – EEO Division completes reporting for State of Ohio employees. To support this process, we need all employees to complete a self-identification sheet below so that we can properly maintain our records to the report requirements.

Again, this form will be used for EEO reporting purposes only and used by the Office of Human Resources for reporting purposes. *Please return this form to the Office of Human Resources.*

Name: _____ **Job Title:** _____

GENDER: Male _____ Female _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino):** 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.

_____ **Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Date Completed: _____

Thank you for your participation.

Human Resources Use Only: EEO Job Category Number*: _____

(*Complete by COA HR/Payroll Staff – See EEO Categories and Exemption Document)