



Voluntary Self Identification Form – Race/Ethnicity/Sex/Veteran

Photo-Sonics, Inc. is an Equal Employment Opportunity employer and, as a government contractor, is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended.

In an effort to ensure our commitment to our non-discrimination policy and to implement our government affirmative action program as required by VEVRAA, as amended, and to fulfill various federal and state reporting requirements, we are required to ask that you complete this data survey.

Providing this information is **VOLUNTARY** and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with applicable law. Your cooperation is appreciated.

Name: _____ Date: _____

GENDER

Check One: ☐ Male ☐ Female ☐ I choose not to self-identify

ETHNICITY (Check One)

1. Are you Hispanic or Latino? ☐ Yes ☐ No ☐ I choose not to self-identify.

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

RACE (Check One)

To assist in appropriate identification, a person may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging in accordance with definitions below.

2. If you answered **no** to Question #1, please check one of the following:

- ☐ **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.
- ☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** – A person having origins in any of the original 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 America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **TWO OR MORE RACES** – A person who identifies with more than one of the above five races.
- ☐ **I choose not to self-identify.**



Voluntary Self Identification Form – Race/Ethnicity/Sex/Veteran

As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) we are required to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA.

The classifications of protected veterans are defined as follows:

- **DISABLED VETERAN** – is one of the following: (A) 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 (B) a person who was discharged or released from active duty because of a service-connected disability
- **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.
- **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 laws administered by the Department of Defense.
- **ARMED FORCES SERVICE MEDAL VETERAN** – a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:

- ☐ I identify as one or more of the classifications of protected veteran listed above
- ☐ I am NOT a protected veteran.
- ☐ I choose not to self-identify.

If you are a disabled veteran and there are accommodations that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please let us know. This information will assist us in making reasonable accommodations for your disability and are determined on a case-by-case basis.

Name: _____ Date: _____