



Voluntary Self-Identification Form

Employee Name: _____

Employee ID Number: _____

Gender

- Female Opt Out*
- Male

Race/Ethnicity

- 2 or more races Hawaiian/Pacific Islander
- American Indian/American Native White
- Asian Unknown
- Black/African American Opt Out*
- Hispanic/Latino

Disability

- No Unknown
- Yes Opt Out

Veteran

- Veteran Other Eligible Veteran
- Disabled veteran Newly Separated Veteran
- Vietnam Era Veteran Disabled Other Protected Veteran
- Disabled Vietnam Era Veteran Not a Veteran
- Gulf War Veteran Opt Out
- Special Disabled Veteran

Do you fluently speak languages other than English? If so, what language(s):

**MetroHealth is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, MetroHealth invites employees and candidates to voluntarily self-identify their race/ethnicity and their gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Please be aware that, should you opt out of self-identification, MetroHealth is required by law to identify the race/ethnicity and gender of employees, such as by observation. Such observation may be entered in applicable HR systems. Any volunteered or observed information will be kept confidential and will only be used for internal purposes and 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 information will not be included in individuals' personnel files.*