



## **EEO-1 & Affirmative Action Plan Self Identification Form**

Our company is a government contractor. To comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our employees by gender, race/ethnicity, veteran, and disability status.

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000.00 complete an EEO-1 report each year. Covered employers to self-identify gender and race for this report.

Completing this form is voluntary and will not affect your employment opportunity or the terms or conditions of your employment. This form will be used for EEO-1, Affirmative Action Program, and reporting requirements to the government. Responses will remain confidential within the Human Resources Department and used for reporting purposes only. They will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return the completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Preco LLC to determine this information by visual survey and/or other available information.

**Employee:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Race/Ethnic Identification:** (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 Islanders.
- ☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asian or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- ☐ I do not wish to disclose.



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### **I am a Protected Veteran:**

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose.

### **EEO-1 Veteran Status:**

- ☐ Disabled veteran.
- ☐ Armed Forces Service Medal Veterans.
- ☐ Active-Duty Wartime or Campaign Badge Veteran.
- ☐ Recently Separated Veteran.
- ☐ I am a protected veteran, but I choose not to self-identify the classification to which I belong.
- ☐ I am NOT a protected veteran.

### **Gender**

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I do not wish to disclose.

### **Voluntary Self-Identification of Disability**

Government Form CC-305

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include but are not limited to:

Blindness, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral Palsy, HIV/Aids, Schizophrenia, Muscular Dystrophy, Bipolar Disorder, Major Depression Disorder, Multiple Sclerosis (MS), Missing limbs or partially missing limbs, PTSD, Obsessive-Compulsive disorder, Impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

- ☐ Yes, I have a disability.
- ☐ No, I don't have a disability.
- ☐ I do not wish to disclose.

**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities.

Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using equipment.

Section 503 of Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Program (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

OMB Control number 1250-005

**Please tell us if you require reasonable accommodation to apply for a job or to perform your job.**