



Pre-Offer

Affirmative Action Survey

Self-Identification of Gender, Race, Ethnicity, Disability and Veteran Status

Sunshine Village is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Sunshine Village invites applicants to voluntarily self-identify their gender, race, ethnicity, veteran status and disability status. This data is for analysis and affirmative action only. It is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. We appreciate your cooperation on this voluntary form.

Applicant Data

Date: _____

Name of Applicant: (please print) _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative
 Walk-In Internet Other _____

Gender

What is your Gender? Male Female

Ethnicity

What is your Ethnicity? (you may mark only one box)

- Hispanic or Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
- Not Hispanic or Latino**

Race

IMPORTANT- Only complete this section if you checked **Not Hispanic or Latino** in the Ethnicity section above.

What is your race? (Select **ONE** of the following categories below)

- White-** a person having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black/African American-** a person having origins in any of the Black racial groups of Africa
- Asian-** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian/Native Alaskan-** a person having origins in any of the original people of North or South American (including Central America), and who maintains tribal affiliation or community attachment
- Native Hawaiian/Other Pacific Islander-** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- Two or More Races-** All persons who identify with more than one of the above five races (Not Hispanic or Latino)

Disability

Your answers will be used for analysis and affirmative action only. Completing this form is voluntary. The aggregate information collected through this form will be kept private to the extent permitted by law. Your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

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

Disabilities include, but are not limited to: (please do not indicate the type of disability if applicable)

Blindness	Autism	Bipolar Disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral Palsy	Major Depression	Obsessive Compulsive Disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Epilepsy	Intellectual disability
		Muscular Dystrophy	Missing/partially missing limbs

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No I don't have a disability
- I don't wish to answer

Reasonable Accommodation Notice

Federal Law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you required a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodations include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Yes No _____

Veteran

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box(es) below.

- I am a Veteran (If you checked this box, please indicate all that apply below)
 - I am a Disabled Veteran-** I qualify as a Disabled Veteran because I am: (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 is discharged or released from active duty because of service-connected disability.
 - I am a Recently Separated Veteran-** I qualify as a recently separated veteran because I was discharged or released from active duty in the U.S. military, ground, naval or air service within the last three years.
 - I am an Active Duty Wartime or Campaign Badge Veteran-** I qualify as an active duty wartime or campaign badge veteran because I am a veteran who served as 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 the laws administered by the Department of Defense.
 - I am an Armed Forces Service Medal Veteran-** I qualify as an Armed Forces service medal veteran because I am a veteran who, while servicing an active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985.
- I am Not a Protected Veteran
- I don't wish to answer

Applicant Signature

Date