

Voluntary Self-Identification Form

Mee Memorial Hospital does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, or any other classification protected by federal, state or local law. The information below will be used only to comply with Federal/State mandates. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired.

Name:	Date:
Position applied for:	

Gender:

(Please check one)

Male

Female

Ethnic Group:

If you belong to more than one group, select the most appropriate
(Please check one)

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)