

## test job

### Equal Opportunity Employer

As an equal opportunity employer, and in accordance with Federal law and Equal Employment Opportunity Commission (EEOC) guidelines, Gadget Co. would like to invite you to fill out the following self-identification form. Completion of the following information is voluntary. If you do not wish to self-identify, you may simply ignore this form. Information provided here will be used strictly to monitor equal opportunity compliance, and in no way considered as part of the hiring process.

To participate, please indicate your status below.

### Gender

- Male  Female  I prefer not to answer

### Race or Ethnicity

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- American Indian or Alaskan 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.
- 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.
- Black or African American  
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White  
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino  
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Two or More Races (Not Hispanic or Latino)  
A person who primarily identifies with two or more of the above race/ethnicity.
- Not Specified  
I prefer not to answer.

### Veteran Status

Please indicate whether you are classified as a protected veteran. Protected veteran status is defined by:

- A disabled veteran is one of the following:
  - 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
  - a person who was discharged or released from active duty because of a service-connected disability.
- A recently separated veteran means 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.
- An active duty wartime or campaign badge veteran means 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 the laws administered by the Department of Defense.
- An Armed forces service medal veteran means 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 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.
- No, I am not a protected veteran.
- I choose not to self identify.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

### Self-Identification of Disability

Because we may do business with the government, we may be required to reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we may require 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?](#)

- Yes, I have a disability.
- No, I don't have a disability.
- I prefer not to answer

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. 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 specialized equipment.

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