

## GENDER, ETHNICITY, RACE, AND DISABILITY SELF-IDENTIFICATION

(Please read the instructions and Privacy Act Information)

Name (Last, First, Middle Initial)	Birth Date (MM/DD/YY)	Social Security Number	Agency Use Only
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**Privacy Act Statement**

You are requested to furnish this information under the authority of 42 U.S.C. 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with the Office of Management and Budget's Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, 66 FR 3829 (2001) and authorized by the Rehabilitation Act of 1973 (P.L. 93-112).

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools. Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then the employing Agency will attempt to identify your race and national origin independently, and inform you (the employee) of the data the employing agency will be reporting (in accordance with 29 C.F.R. sec. 1614.601).

You are requested to furnish your Social Security number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records.

**\*\*\*PLEASE READ AND COMPLETE SECTIONS 1, 2, 3, and 4\*\*\***

**SECTION 1: Specific Instructions: Please review the categories below and check the box corresponding to the category that identifies your gender. Note: Check only ONE box.**

<input type="checkbox"/> Male <input type="checkbox"/> Female
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**SECTION 2: Specific Instructions: Please review the categories below and check the box corresponding to the category that identifies your ethnicity. Note: Check only ONE box.**

NAME OF CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> <b>Hispanic or Latino</b>	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
<input type="checkbox"/> <b>Not Hispanic or Latino</b>	A person not of Mexican, Puerto Rican, Cuban, Central or South American or Spanish cultures.

**SECTION 3: Specific Instructions: Please review each category below and check the box corresponding to the category that identifies your race/national origin. Note: You may check more than one box, as appropriate.**

NAME OF CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> <b>American Indian or Alaska Native</b>	A person having origins in any of the original peoples of North America, or Central and South America.
<input type="checkbox"/> <b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>Black or African American</b>	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>White</b>	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**SECTION 4: Specific Instructions: Please review the categories below and enter your primary disability code in the first box on the right and your secondary disability code in the second box.**

Name (Last, First, Middle Initial)	Birth Date (MM/DD/YY)	Social Security Number	Enter Primary Code Here → <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
			Enter Secondary Code Here → <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

**DEFINITION OF A DISABILITY:** A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those disabilities that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:** Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

**01** I do not wish to identify my disability status. *(Please read the employee note above before using this code.)* (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

**05** I do not have a disability.

**06** I have a disability, but it is not listed below.

**SPEECH IMPAIRMENTS**

**13** Severe speech malfunction or inability to speak; hearing is normal *(Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; removal of the "voice box"])*

**HEARING IMPAIRMENTS**

- 15** Hard of hearing *(Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)*
- 16** Total deafness in both ears, with understandable speech
- 17** Total deafness in both ears, and unable to speak clearly

**VISION IMPAIRMENTS**

- 22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision *(Restriction of the visual field to the extent that mobility is affected—"Tunnel Vision")*
- 23** Inability to read ordinary size print, not correctable by glasses *(Can read oversized print or use assisting devices such as glass or projector modifier)*
- 24** Blind in one eye
- 25** Blind in both eyes *(No usable vision, but may have some light perception)*

**MISSING EXTREMITIES**

- 27** One hand
- 28** One arm
- 29** One foot
- 32** One leg
- 33** Both hands and arms
- 34** Both feet or legs
- 35** One hand or arm *and* one foot or leg
- 36** One hand or arm *and* both feet or legs
- 37** Both hands or arms *and* one foot or leg
- 38** Both hands or arms *and* both feet or legs

**NONPARALYTIC ORTHOPEDIC IMPAIRMENTS**

*(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)*

- 44** One or both hands      **47** One or both legs
- 45** One or both feet      **48** Hip or pelvis
- 46** One or both arms      **49** Back
- 57** Any combination of two or more parts of the body

**PARTIAL PARALYSIS**

*(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)*

- 61** One hand
- 62** One arm, any part
- 63** One leg, any part
- 64** Both hands
- 65** Both legs, any part
- 66** Both arms, any part
- 67** One side of body, including one arm and one leg
- 68** Three or more major parts of the body *(arms and legs)*

**COMPLETE PARALYSIS**

*(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)*

- 70** One hand
- 71** Both hands
- 72** One arm
- 73** Both arms
- 74** One leg
- 75** Both legs
- 76** Lower half of body, including legs
- 77** One side of body, including one arm and one leg
- 78** Three or more major parts of the body *(arms and legs)*

**OTHER IMPAIRMENTS**

- 80** Heart disease with no restriction or limitation of activity *(History of heart problems with complete recovery)*
- 81** Heart disease with restriction or limitation of activity
- 82** Convulsive disorder *(e.g., epilepsy)*
- 83** Blood diseases *(e.g., sickle cell anemia, leukemia, hemophilia)*
- 84** Diabetes
- 86** Pulmonary or respiratory disorders *(e.g., tuberculosis, emphysema, asthma)*
- 87** Kidney dysfunctioning *(e.g., if dialysis [Use of an artificial kidney machine] is required)*
- 88** Cancer—a history of cancer with complete recovery
- 89** Cancer—undergoing surgical and/or medical treatment
- 90** Mental retardation *(A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)*
- 91** Mental or emotional illness *(A history of treatment for mental or emotional problems)*
- 92** Severe distortion of limbs and/or spine *(e.g., dwarfism, kyphosis [severe distortion of back])*
- 93** Disfigurement of face, hands, or feet *(e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])*
- 94** Learning disability *(A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)*