# Voluntary Self Identification of Race and Ethnicity

The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individuals.

**Are you Hispanic or Latino?**

**NO, I AM NOT HISPANIC OR LATINO**

**YES, I AM HISPANIC OR LATINO**

Mexican/Mexican American

Latin American/Latino

Other Spanish/Spanish America

**In addition, select one or more of the following racial categories to describe yourself if applicable.**

**American Indian or Alaska Native**

**Asian**

Chinese/Chinese American

Filipino/Filipino American/Pilipino/Pilipino American

Japanese/Japanese American

Korean/Korean American

Pakistani/Pakistani American/Indian/Indian American

Vietnamese/Vietnamese American

Other Asian/Asian American

**Black or African American**

**Native Hawaiian or other Pacific Islander**

**White**

European

Middle Eastern

North African

White (not specified)

**I CHOOSE NOT TO PROVIDE THIS INFORMATION**

# Self-Identify: Gender Identity and Sexual Orientation

The University of California strives to create an inclusive environment for all constituents. As part of this effort, it is important for us to understand the demographic profile of the entire UC Community. Towards that end, the next questions are voluntary, but sharing this information will provide important and meaningful data regarding the diversity of our applicants and employees. Your responses will be kept confidential.

**What is your current gender identity (Please select only one)**

Male

Female

Trans Male/Trans Man

Trans Female/Trans Woman

Nonbinary

Different Identity

Decline to State

**Do you consider yourself to be (Please select only one)**

Heterosexual or Straight

Gay or Lesbian

Bisexual

Not listed above

Decline to State

# Self-Identify: Voluntary Self-Identification of Disability

**Why are you being asked to complete this form?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.  Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at <https://www.dol.gov/ofccp> |  | |

**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 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:

* Autism
* Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
* Blind or low vision
* Cancer
* Cardiovascular or heart disease
* Celiac disease
* Cerebral palsy
* Deaf or hard of hearing
* Depression or anxiety
* Diabetes
* Epilepsy
* Gastrointestinal disorders, for example, Crohn’s Disease or IBS
* Intellectual disability
* Missing limbs or partially missing limbs
* Nervous system condition, for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
* Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

**Please check on of the boxes below:**

Yes, I have a disability, or have a history/record of having a disability

No, I don’t have a disability, or a history/record of having a disability

I don’t wish to answer

# Self-Identify: Veteran

**Definitions**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | |  |  |  | | --- | --- | --- | |  |  |  | |  | The University of California invites all employees to voluntarily self-identify their veteran status. As a federal contractor the University is subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, 4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans. These classifications are defined below and are hereafter referred to all together as “protected veterans”. If you believe you belong to any of the categories of protected veterans, please self-identify your status as a protected veteran by checking the appropriate box(es) below. These classifications are defined as follows:   * 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.   Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL. |  | |  |

**Self-Identification**

If you believe you belong to any of the classifications of protected veterans listed above, please indicate by selecting the appropriate option below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

**I identify as one or more of the classifications of protection veteran listed:**

Disabled Veteran

Recently Separated Veteran (Military Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_)

Active Duty Wartime or Campaign Badge Veteran

Armed Forces Service Medal 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**

**I am not a veteran**

**PRIVACY NOTIFICATION STATEMENT (**Revised February 22, 2010 for U5605)

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves.

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102–325), as well as relevant implementing regulations.

2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.

3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.

4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.

5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.

**Instructions: Please save, attach, and send the completed form** [**to Chrissy Stelts at Helbling & Associates via email**](mailto:chrissys@helblingsearch.com?subject=Self-Identity%20Form%20-%20UC%20Davis%20Health)**.**