



Employee Information Sheet

Off-Campus Programs

Name: _____

Position: _____ Department: _____

In order to meet the university's commitment to provide equal opportunity employment and to comply with the requirements of the Federal Presidential Executive Order 11246, the university must maintain certain information in connection with our affirmative action program. The information requested below will be maintained in a confidential manner, separate from each individual's personnel folder.

Sex: Female Male

Ethnicity: Mark one: Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Race: Are you Multi-racial Yes No

For federal reporting purposes, which race do you predominately identify with?

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White <input type="checkbox"/> Asian

Equal Employment Opportunity Commission Race Ethnic Categories

The five ethnic categories are defined as follows:

American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South American (including Central America); and who maintains tribal affiliation or community attachment.

Black or 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

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.

Are you a Newly Separated Veteran? Yes No *If Yes, Date of Separation:* _____

Are you a Veteran of the Vietnam Era? Yes No

Are you a Special Disabled Veteran? Yes No

Are you an Other Eligible Veteran? Yes No

To your knowledge, do you have any immediate family members employed by CMU? *If yes, list name relationship and area of employment.*

Name Relationship Area

Name Relationship Area

Signed: _____ Date: _____