



### Employee Self-Identification Form for EEO-1 Purposes

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

I wish to opt out of completing this form: \_\_\_\_\_  
 Print Name/Date

If you wish to complete the form, please indicate your gender and choose from one of the seven racial/ethnic categories below.

|                                                                                             |                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate Gender:                                                                            |                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female                            |                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Hispanic or Latino                                                 | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.                                                                                                     |
| <input type="checkbox"/> White (not Hispanic or Latino)                                     | A person having origins in any of the original peoples of Europe, the Middle East or North Africa.                                                                                                                               |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino)                 | A person having origins in any of the black racial groups of Africa.                                                                                                                                                             |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) | A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.                                                                                                                          |
| <input type="checkbox"/> Asian (not Hispanic or Latino)                                     | A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)          | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.                                                     |
| <input type="checkbox"/> Two or More Races (not Hispanic or Latino)                         | A person who identifies with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.                                                                                                    |

**VETERAN** - As defined under one or more of the following:

|                                                             |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <u>RECENTLY SEPARATED VETERAN</u> - a recently separated veteran includes veterans during the three-year period beginning on the date of their discharge or release from active duty.                                                                                                                                                      |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <u>ARMED FORCES SERVICE MEDAL VETERAN</u> – 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 (61 Fed. Reg. 1209).                           |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <u>CAMPAIGN VETERAN</u> – a veteran who served on active duty in the U.S. military, ground, name, or air service during a war or in a campaign or expedition for which a campaign badge has been awarded.                                                                                                                                  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <u>DISABLED VETERAN</u> – means (1) are entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) were discharged or released from active duty because of a service-connected disability. |

If you have self-identified as a veteran, please provide discharge date: \_\_\_/\_\_\_/\_\_\_

**DISABLED INDIVIDUAL:**

|                                                             |                                                                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <u>DISABLED INDIVIDUAL</u> - any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such impairment; or (3) is regarded as having such impairment. |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position?<br><br>If "Yes", please explain: _____<br>_____                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Are there any accommodations we could make that would enable you to perform the job properly and safely?<br><br>If "Yes", please explain: _____<br>_____                                                                          |

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_