New Hire EEO-1 Data Sheet

Baylor College of Medicine is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form. The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

BCM ID#__________________
Last Name__________________________ First Name___________________________ M.I ___

EEO-1 Self Identification

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)
  ___ Hispanic or Latino  ___ White (Not Hispanic or Latino)
  ___ Black or African American (Not Hispanic or Latino)  ___ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
  ___ Asian (Not Hispanic or Latino)  ___ American Indian or Alaska Native (Not Hispanic or Latino)
  ___ Two or More Races (Not Hispanic or Latino)  ___ I do not wish to identify

VETERAN STATUS:
(Please check one of the descriptions below corresponding to your veteran status – if applicable.)
  ___ Vietnam Era Veteran  ___ Special Disabled Veteran
  ___ Other Protected Veteran  ___ Recently Separated Veteran
  ___ Armed Forces Service Medal Veterans  Discharge Date______________________________

OTHER:  LANGUAGE:
  ___ Individual with Disability  List all fluent languages other than English
  ___ I do not wish to Self-Identify

Signature: ________________________________ Date completed: ____________________