



Open Door Community Health Centers EEO SUREVY

The information requested on this form is utilized by ODCHC in its commitment to Equal Employment Opportunity. Completion of the following survey is **voluntary**. **This information will be maintained separately from your application and will be available only to the Human Resources department.**

First and Middle Names		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Race and Ethnicity	<p>A. <input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rico, South or Central America, or other Spanish culture or origin regardless of race.</p> <p>OR</p> <p>B. Not Hispanic or Latino:</p> <p><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.</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><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, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><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 American (including Central America) and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five racial/ethnic groups. <i>If you check this box, please list the single racial/ethnic group above with which you most closely identify:</i> _____.</p>		
	<input type="checkbox"/> If you choose not to self-identify your race or ethnicity, please check box.		
Signature		Date	