

Accessible Home Health, Inc.
Applicant Affirmative Action Program Voluntary
Self Identification Form

Accessible Home Health, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name (Optional): _____ **Date of Application:** _____

Position(s) for which you are applying: _____

Please check all that apply:

Gender: Male Female

<p><u>Race/Ethnic Identification:</u></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> White (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino)</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino)</p>	<p><u>Veteran Status:</u></p> <p><input type="checkbox"/> Vietnam Era Veteran</p> <p><input type="checkbox"/> Special Disabled Veteran</p> <p><input type="checkbox"/> Other Protected Veteran</p> <p><input type="checkbox"/> Recently Separated Veteran</p> <p><input type="checkbox"/> Armed Forces Service Medal Veterans</p> <p><u>Other:</u></p> <p><input type="checkbox"/> Individual with Disabilities</p>
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I do not wish to Self-Identify _____

Signature: _____

Definitions of race/ethnicity are available upon request (as defined by the EEO Commission)