AG-425 (09/17/12)

Texas A&M AgriLife
Administrative Services – Human Resources

VOLUNTARY SELF IDENTIFICATION, EEO FORM

The information requested is being collected for the purpose of reporting to federal, state and equal employment opportunity agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary

Last Name	First Name	MI

Address	City	State	Zip Code	Phone Number ( )

☐ Male ☐ Female

Position title for which you are applying:_____

Unit/Dept. for position:_____

Select all the following categories with which you identify:

☐ WHITE (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ 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.

☐ America 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.

☐ 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.

☐ Two or More Races (not Hispanic or Latino) - A person who identifies with more than one of the above races.

MILITARY SERVICE

Are you a veteran?

☐ Yes ☐ No If yes, list type of discharge status:_____

Dates of service (from/to): _____ to _____

Are you a surviving spouse of a veteran?

☐ Yes ☐ No

Are you a surviving orphan of a veteran?

☐ Yes ☐ No If yes, complete dates of service for veteran (from/to): _____ to _____

Signature_____ Date_____

For questions concerning this form, please call 979-845-2423.