

[Tip] – If a county has decided to collect data on newly hired or current employees for purposes of completing EEO-4 reporting, the following form may be considered for use. Although the Equal Employment Opportunity Commission does not encourage direct inquiry as a method of determining racial or ethnic identity, this method is not prohibited in cases where it has been used in the past, or where other methods are not practical, provided it is not used for purposes of discrimination. All states, all other political jurisdictions with 100 or more employees, and a sample of those political jurisdictions which have 15-99 employees are required to submit EEO-4 data. In addition, every political jurisdiction with 15 or more employees must make and keep records and statistics which would be necessary for the completion of Report EEO-4.]

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population and to complete required federal reports (*Section 709 (c), Title VII, Civil Rights Act of 1964*). The following information is VOLUNTARY and CONFIDENTIAL. The information you provide will be maintained by **[the Human Resources Office]** and may be available to other persons or entities if federal or state law or Minnesota Government Data Practices Act authorizes or subsequently authorizes access or use. **[County Name]** appreciates your cooperation in our efforts to ensure equal employment opportunity.

Date:

Job title:

Gender: ☐ Male ☐ Female

Race/Ethnicity:

- 1) Are you Hispanic or Latino? ☐ Yes ☐ No
- 2) If not Hispanic or Latino, with which racial/ethnic group do you identify?
 - ☐ White (Non Hispanic or Latino)
 - ☐ Black or African American (Non Hispanic or Latino)
 - ☐ Asian (Non Hispanic or Latino)
 - ☐ Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
 - ☐ American Indian or Alaskan Native through tribal affiliation or community attachment (Non Hispanic or Latino)
 - ☐ Two or more races (Non Hispanic or Latino)

Disability status, defined as an individual who:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning)
- 2) Has a history of a disability (such as cancer that is in remission)
- 3) Is regarded as having such an impairment

Do you claim disability status? ☐ Yes ☐ No