



# Equal Employment Opportunity (EEO) Request

- For purposes of Equal Employment Opportunity and Affirmative Action, please complete and return the EEO Request form with your employment application. Mark only one selection for both race and disability.
- **Completion or omission of this information is voluntary and will in no way affect employment opportunities with the Office of the Secretary of State.**
- This form will be maintained in a separate file with the Department of Personnel and will not be kept with the graded employment application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

| Race   |  | Female                     | Male                       |
|--|--|----------------------------|----------------------------|
| <b>Caucasian/<br/>White:</b>                       | A person having origins in any of the original people of Europe, North Africa or the Middle East. Not of Hispanic origin.  | <input type="checkbox"/> A | <input type="checkbox"/> G |
| <b>Black/<br/>African American:</b>                | A person having origins in any of the black racial groups of Africa. Not of Hispanic origin.   | <input type="checkbox"/> B | <input type="checkbox"/> H |
| <b>American Indian<br/>or Alaska Native:</b>       | A person having origins in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.   | <input type="checkbox"/> C | <input type="checkbox"/> J |
| <b>Asian:</b>                                      | A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, but not limited to Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. | <input type="checkbox"/> D | <input type="checkbox"/> K |
| <b>Hispanic/<br/>Latino:</b>                       | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.   | <input type="checkbox"/> E | <input type="checkbox"/> L |
| <b>Native Hawaiian/<br/>Other Pacific Islands:</b> | A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.  | <input type="checkbox"/> O | <input type="checkbox"/> P |

| Disability                   |  |
|------------------------------|--|
| <input type="checkbox"/> Yes |  |
| <input type="checkbox"/> No  |  |