

**SELF-IDENTIFICATION FORM FOR  
PENN STATE HERSHEY MEDICAL CENTER EMPLOYEES  
(To Be Completed By New Hires Only)**

Penn State Hershey Medical Center is an equal opportunity/affirmative action employer. As a federal contractor, we are required to keep records on the race, sex and ethnicity of our employees and to file periodic reports with the government. This information will be kept confidential.

**EMPLOYEE NAME:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **WORK LOCATION/DEPT.:** \_\_\_\_\_

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**PLEASE COMPLETE BOTH SIDES**

The following designations are those used by the Federal government. No other designations are available at this time. Please mark only one sex and one race/ethnic group.

**PART I - SEX** (Please check only one)

- Male
- Female

**PART II- RACE/ETHNICITY** (Please check only one)

- Hispanic or Latino** (*includes persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.*)
- Black or African American, Not Hispanic or Latino** (*includes persons having origins in any of the black racial groups of Africa.*)
- American Indian or Alaska Native, Not Hispanic or Latino** (*includes persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*)
- Asian, Not Hispanic or Latino** (*includes persons 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.*)
- Native Hawaiian or Other Pacific Islander, Not Hispanic or Latino** (*includes persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*)
- White, Not Hispanic or Latino** (*includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)
- Two or More Races, Not Hispanic or Latino** (*includes all persons who identify with more than one of the above five races.*)
- I choose not to disclose.**

**PART III- VETERAN STATUS** (Please check appropriately)

- I am not a covered Veteran.
- I am a covered Veteran. (Please check all that apply below)  
Discharge or release from active duty date: \_\_\_\_\_

- Disabled veteran** refers to 1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability. Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- An **armed service medal veteran** refers to any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other protected veteran** refers to any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- Recently separated veteran** refers to any veteran during the three-year (36-month) period beginning on the date of such veteran's discharge or release from active duty.

**PART IV- REASONABLE ACCOMMODATIONS** (Please check appropriately)

Are you a qualified individual with a disability?

- Yes
- No

If you are a qualified individual with a disability, we would like to include you under the affirmative action program. It would assist us if you tell us about:

- 1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind for which you apply
- 2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of non-essential job functions, provisions of personal assistance services or other accommodations.

Please provide information regarding reasonable accommodations:

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***Penn State Hershey Medical Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status or marital status. Please direct all inquiries to the Human Resource Department.***