

**TOWN OF SOUTH WINDSOR**  
**Voluntary Self Identification Form**

|                                                    |
|----------------------------------------------------|
| <b>Name (Last, First, Middle Initial):</b><br><br> |
| <b>Date:</b> ____ / ____ / ____                    |
| <b>Position Applied For:</b> _____                 |

The Town of South Windsor is an equal opportunity employer, and applicants are considered for employment without regard to race, gender, or any other legally protected status. As an equal opportunity employer, the Town complies with all relevant government regulations and affirmative action responsibilities. We invite you to complete this self-identification form. This form is intended solely to help us with record keeping, reporting, and other legal requirements and is in no way considered as part of the employee selection process

**Providing this information is voluntary.** *This form will be maintained in a confidential file separate from your employment application and will not be used as consideration for employment. Whether you provide this information or not, you will not be subject to adverse treatment.*

|                                                                              |
|------------------------------------------------------------------------------|
| <b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RACE/ETHNICITY</b><br><b>(Please Only Choose One)</b>                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> <b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.                                                                                                                                      |
| <input type="checkbox"/> <b>White (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.                                                                                                                                                  |
| <input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups of Africa.                                                                                                                                                             |
| <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.                                                                                                                  |
| <input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b> - 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. |
| <input type="checkbox"/> <b>American Indian or Alaska Native (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.                                               |
| <input type="checkbox"/> <b>Two or More Races (Not Hispanic or Latino)</b> - All persons who identify with more than one of the above five races.                                                                                                                                                                     |