



**Voluntary Self-Identification – Applicants**

**Applicants Name:**

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First

Middle

Last

SSN

**Permanent Address:**

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Street

City

State

Zip

The following information is being requested solely in connection with IHS’ affirmative action obligations and efforts, and is being requested on a voluntary basis. This information will be used only in accordance with record keeping and your refusal to provide this information will not subject you to any adverse treatment. If you choose not to “identify”, we are required under federal regulations to maintain race and sex information on the basis of visual observation or personal knowledge.

If you do not wish to furnish this information, please initial below, as well as sign and date the bottom of the form.

I do not wish to furnish this information (initials) \_\_\_\_\_

**Sex**

Male

Female

**Race/Ethnic Data**

Hispanic or Latino                       White (Not Hispanic or Latino)       Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

**Applicant Signature:**

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Signature

Date