

Federal Ethnicity, Race & Gender Reporting Form

NEW EMPLOYEES: Federal guidelines require that Northeastern University ask you to provide information on your ethnicity, race and gender. This information is collected for statistical purposes only.

Data collected is confidential.

Information will be used only for federal reporting purposes as required by law. Please assist us by checking the race, ethnicity and gender (defined by federal government categories) that are most applicable to you. Please answer both questions 1 and 2 as well as 3.

1. Ethnicity: Please indicate whether you are...

- ☐ **Hispanic or Latino:** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)
- ☐ **Not Hispanic or Latino**

2. Race: Please select one or more of the following race categories with which you identify...

- ☐ **White:** (A person in any of the original peoples of Europe, North Africa or the Middle East.)
- ☐ **Black or African-American:** (A person with origins in any of the black racial groups of Africa.)
- ☐ **Asian:** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, China, India, Japan, Korea, the Philippine Republic, Malaysia, Pakistan, Bangladesh, Thailand and Vietnam.)
- ☐ **Native Hawaiian or Other Pacific Islander:** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
- ☐ **American Indian or Alaskan Native:** (A person having origins in any of the original people of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)

3. Gender Information:

- ☐ **Male** ☐ **Female**

Optional Information

4. Veterans Status: The University is also required to report the veteran status of its employees. Providing information regarding veteran status is optional.

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| <input type="checkbox"/> Special Disabled Veteran | <input type="checkbox"/> Vietnam-era Veteran |
| <input type="checkbox"/> Newly Separated Veteran | <input type="checkbox"/> Other Protected Veteran |

PLEASE PRINT & SIGN YOUR NAME BELOW TO INDICATE THAT YOU HAVE READ AND REVIEWED THE INFORMATION AND RETURN THIS FORM WITH ALL OTHER NEW EMPLOYEE FORMS.

Print Name: _____

Signature

Date: _____

The information provided on this form *is confidential.*
Thank you for your cooperation.