



Voluntary Self-Identification Survey

GENDER / GENDER PRONOUNS / SEXUAL ORIENTATION:

(Please check one of the options below)

Male

Female

Non-Binary/Other

I chose not to disclose this information

I prefer to self-describe:

Do you identify as Lesbian, Gay, Bisexual, Transgender and/or Queer?

Yes

No

I chose not to disclose this information

I prefer to self-describe:

Please indicate your gender pronouns below:

He, Him, His

She, Her, Hers

They, Them, Theirs

I choose not to disclose this information.

Other (please specify):

If you would like to have your gender pronouns included within your email signature, please check the box below.

Yes, I would like my gender pronouns included within my email signature.

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino:

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino):

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Middle Eastern/North African (applicable only if also White):

A person having origins in any of the original peoples of the Middle East or Northern Africa.

Black or African American (Not Hispanic or Latino):

A person having origins in any of the black racial groups of Africa.

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

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino):

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.

Native American or Alaska Native (Not Hispanic or Latino):

A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino):

All persons who identify with more than one of the above five races.

If selecting this option, please specify your multiple racial/ethnic identities:

I choose not to disclose this information.

DISABILITY:

Do you have a disability? (You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.)

Yes

No

I choose not to disclose this information

Many individuals with disabilities can perform their jobs without the need for any accommodations. As a reminder, however, it is Ability KC's policy to provide employees with reasonable accommodation(s) in order to perform the essential functions of their job, unless doing so would cause undue hardship to the firm. Employees who believe they need a reasonable accommodation to be able to perform the essential functions of their job should contact Human Resources to discuss further.

VETERAN:

Are you an US military veteran?

Yes

No

I choose not to disclose this information.

If yes, which branch of the military?: _____

Years of Active Duty (e.g. 2000-2004): _____

Are you currently active in US military service?

Yes

No

LANGUAGES:

In addition to English, what other languages are you able to speak? _____

In addition to English, what other languages are you able to read/write? _____

CPR CERTIFICATION:

Are you CPR certified?

Yes

No

Clinical License/Certification:

Please identify: _____

Can your responses be included in our data collection shared with others (individual names will not be included in data)?

Please check one:

Yes

No

Please return this completed form to the Human Resources Department by 6/3/22.