



VOLUNTARY SELF-IDENTIFICATION FORM

Name _____

Position Applied For: _____

Sun Gro Horticulture provides equal employment opportunities to all employees and applicants for employment without regard to race, color, ethnic identity, gender, national origin, religion, disability, veteran status, sexual orientation. We invite you to complete this voluntary form.

How will this information be kept or used? The information will be kept in a confidential file and utilized in accordance reporting requirements to the federal government under the Title VII of the Civil Rights Act of 1964, Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and the Veterans Employment Opportunities Act of 1998.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Identity		
<input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.		
<input type="checkbox"/> White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
<input type="checkbox"/> Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> American Indian 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 maintain tribal affiliation or community attachment.		
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.		
Veteran Status		
<input type="checkbox"/> Not a Veteran		
<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> Other Protected Veteran (Served active duty in U.S. Forces during a war or in a campaign or expedition)		
<input type="checkbox"/> Recently Separated Veteran (within past 12 months from discharge or release of active duty)		

☐ **I do not wish to identify**

Signature _____

Print Name _____