

# Voluntary Disclosure Form

(Supplement to Application Form)

It is the policy of Public Health, Delta & Menominee Counties, to provide equal opportunity to all employees and applicants for employment, without regard to race, color religion, sex, national origin, age, height, weight, familial or marital status, physical or mental disability, veteran status or status within any other protected group. Public Health is subject to certain governmental recordkeeping and reporting requirements, for the administration of civil rights laws and regulations. In order to comply with these laws, Public Health invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations; including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Such information will in no way affect the decision regarding your application for employment. This form will be kept confidential and will be maintained separately from your application form. *Completion of this form is voluntary, and is not a requirement for employment.*

Name: \_\_\_\_\_  
(first) (middle) (last)

Date: \_\_\_\_\_

Position Applied For (list only one): \_\_\_\_\_

### How did you learn about this position? (Check One):

- Public Health, Delta & Menominee Counties' Web Site
- MiWorks Talent Bank Web Site
- Job Center of Wisconsin Web Site
- Other Web site \_\_\_\_\_
- Newspaper Ad
- Employee referral
- College Job Board
- Employee Referral
- Agency-Initiated Contact
- Other \_\_\_\_\_

### Sex (Check One):

- Male
- Female

### Ethnicity (Check One):

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino

Regulations issued by the U.S. Department of Labor, with respect to handicapped individuals, disabled veterans, and Vietnam era veterans require federal contractors to provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit. If an applicant or employee so identifies himself or herself, the agency shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.

**Have you been diagnosed as possessing an impairment?**  No  Yes: (Does your impairment substantially limit a)

**Are you a Vietnam Era Veteran?**  No  Yes (Served on active duty for a period of more than 190 days, any part of which occurred between 08/05/1964 and 05/07/1975, and was discharged/released with other than dishonorable discharge or for a service-connected disability.)

**Are you a Disabled Veteran?**  No  Yes (Entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of duty.)

**Are you a Special Disabled Veteran?**  No  Yes (Discharged/released from active duty because of service connected disability OR entitled to disability compensation[or who, but for the receipt of military retired pay, should be entitled to disability compensation] for a disability (i) rated at 30% or more or (ii) rated at 10% or 20% and under 38 U.S.C.-Sec. 3106 has been determined to have an employment handicap.)