



FamilyService

EMPLOYEE IDENTIFICATION FORM

As indicated on your application for employment, it is the policy of Family Service to screen the criminal history record of all employees for specific offenses related to employment at our agency. When providing the requested information below, please note that the data will be used for the criminal history screening and completion of federal affirmative action reporting ONLY. Federal, state, and city laws forbid discrimination based on age, sex, religion, sexual orientation, or racial /ethnic group. All provided information will remain separate from all applications/employee personnel files and will remain confidential.

NAME	Last	First	Middle	Date of Birth
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<p>SEX</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p>
<p>RACE AND NATIONAL ORIGIN</p> <p><input type="radio"/> European American (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="radio"/> African American (not of Hispanic origin). All persons have origins in any of the black racial groups of Africa.</p> <p><input type="radio"/> Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, regardless of race.</p> <p><input type="radio"/> Asian or Pacific islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.</p> <p><input type="radio"/> American Indian or Alaskan Native. All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal association or community recognition.</p> <p><input type="radio"/> Multi-cultural (please specify) _____</p> <p><input type="radio"/> Other (please specify) _____</p>
<p>DISABLED STATUS</p> <p>Under the Americans with Disabilities Act, a disabled person is defined as one who:</p> <p>a. has a physical or mental impairment substantially limiting at least one of the major life activities,</p> <p>b. has a record of such physical or mental impairment, or</p> <p>c. is regarded as having such physical or mental impairment.</p> <p>For purposes of this definition, "substantially limiting" occurs when an individual is likely to experience difficulty in securing, retaining, or advancing in employment.</p> <p>A major life activity includes functions such as caring for one's self, performing manual tasks, socializing, walking, communicating, seeing, breathing, learning, and working. Primary attention is given to those life activities that affect employability.</p> <p><input type="radio"/> I consider myself to be a disabled person. Reasonable accommodations may be provided for disabilities.</p>

Signature	Date
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FAMILY SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PLAN