

## VOLUNTARY EEO IDENTIFICATION FORM

Northwest Asphalt Products, Inc. (Stark Asphalt a division of) is an Equal Employment Opportunity Employer. The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

SEX:  Male  Female

### RACIAL/ETHNIC GROUP:

Please check one:

- Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)
- White: all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American: All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian: all persons 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.
- American Indian or Alaskan Native: all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more Races: all persons who identify with more than one of the above races.

### DISABLED INDIVIDUAL:

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). Disabilities include, but are not limited to:

Blindness	Autism	Bipolar Disorder	PTSD	Deafness	Major Depression
OCD	Cancer	HIV/AIDS	MS	Diabetes	Epilepsy

- Yes, I have a disability
- No, I do not have a disability

### VETERAN STATUS

- ARMED FORCES SERVICE MEDAL VETERAN
- RECENTLY SEPARATED VETERAN
- OTHER PROTECTED VETERAN
- DISABLED VETERAN
- I am not a veteran

**DECLINE SELF IDENTIFICATION:** If you do not wish to self- identify your gender, ethnicity, race, disability or veteran status please check the box below.

- I do not wish to self identify.

Signature: \_\_\_\_\_