

**Scripps College**  
**Employee Identification Record**  
-Voluntary to Complete -

Scripps College is an Equal Opportunity Employer. We are required to compile information concerning the race, sex, disability, and veteran's status of each employee; this form is provided for that purpose. **Completing and returning this form is voluntary.**

**Institution of Employment:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Position Title:** \_\_\_\_\_

**What is your gender?** Female \_\_\_ Male \_\_\_ Other \_\_\_ (please specify) \_\_\_\_\_

**Are you Hispanic or Latino/a?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hispanic, Latino/a - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Regardless of your answer to the prior question, please select one or more of the following that best describes you:**

**American Indian or Alaska Native** (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.)

**Asian** (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.)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

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

**If you are not a United States citizen or resident alien, please check here:** \_\_\_\_\_

**Are you a veteran?** (Check all that apply. See reverse for definitions.)

Vietnam Era     Other Protected     Special Disabled Veteran

Recently Separated:    date of separation    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Do you consider yourself disabled?**    Yes \_\_\_    No \_\_\_  
(Defined in Section 504 in the Rehabilitation Act of 1973 as: any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment).

If yes, please explain: \_\_\_\_\_