



Hire (Post-Offer) Invitation to Self-Identify Gender, Ethnicity/Race, Veteran Status and/or Disability Status

Last Name: _____ **First:** _____ **Middle:** _____

Argonne National Laboratory is a Federal contractor and subject to the requirements of Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974. As a contractor, Argonne invites employees to identify themselves for affirmative action purposes. Submission of this information is voluntary and will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on work duties and necessary accommodations with regard to individuals with disabilities, (2) first aid and safety personnel may be informed, as appropriate, if emergency treatment may be required with regard to individuals with disabilities, and (3) government officials investigating compliance with the Acts will be informed.

<p>GENDER:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>VETERAN STATUS:</p> <p><input type="checkbox"/> Disabled Veteran A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the secretary of Veterans Affairs, OR a person who was discharged or released from active duty because of a service-connected disability.</p> <p><input type="checkbox"/> Other Protected Veteran A veteran who served on active duty in the US military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the US Department of Defense.</p> <p><input type="checkbox"/> Recently Separated Veteran Any veteran during the three-year period beginning on the date of his/her discharge or release from active duty in the US military, ground, naval or air service. Date of Separation: _____</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran Any veteran who while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).</p>
<p>ETHNICITY/RACE</p> <p>Are you Hispanic or Latino?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the race categorization that best describes you:</p> <p><input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> African American/Black (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Pacific Islander/Native Hawaiian (not Hispanic or Latino) <input type="checkbox"/> Native American/Native Alaskan (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino)</p> <p><i>For more information regarding the definitions of ethnicity/racial categories, please contact Argonne's Human Resources Department.</i></p>	<p>DISABILITY STATUS:</p> <p><input type="checkbox"/> Individual with a Disability A person who, generally, (i) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment.</p>