

Emplid (Office use only): _____



EEO EMPLOYEE DATA FORM

The University of Texas Health Science Center at Houston (UTHealth) is committed to providing equal opportunity in all employment-related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability unrelated to program performance, or veteran status. Reasonable accommodation, based on disability or religious observances, will be considered when appropriate. The University recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities, and eligible veterans. As a federal government contractor, UTHealth is required to collect and report the following information to Federal and State agencies. Responses to this form will not subject you to any adverse employment action. If you have any questions concerning this questionnaire, please contact Human Resources at (713) 500-3079.

GENERAL	<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div> </p> <p>Sex: _____ Male _____ Female</p>
ETHNICITY	<p>What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Not Hispanic of Latino</p>
RACE	<p>What is your race? Mark all that apply.</p> <p><input type="checkbox"/> 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 a tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black of African American: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

Signature: _____ Date: _____