



**BETH ISRAEL DEACONESS MEDICAL CENTER POST-OFFER INVITATION TO
SELF-IDENTIFY GENDER, RACE/ETHNICITY, VETERAN STATUS AND/OR DISABLED STATUS**

Name: _____

Date: _____

Position Offered or Held: _____

Employee ID: _____

The Medical Center is an equal opportunity employer and does not discriminate against applicants for employment or employees on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, disability, genetics, veteran status, military status or any other class protected by law.

As a federal contractor, the Medical Center also is committed to take affirmative action to employ and advance in employment of women, minorities, veterans of the Vietnam Era, qualified disabled veterans, other eligible veterans and disabled individuals. If you are a woman, minority, veteran or disabled individual, you may wish to be considered under these affirmative action programs. You are invited to provide this information on a voluntary basis, and your decision to not provide it will not result in adverse treatment. You may inform the Medical Center of your desire to benefit under its affirmative action programs at this time and or at any time in the future. The information you provide will only be used consistent with the law. Your answers to the questions will be kept confidential, but may be provided to supervisors who may be informed regarding any restriction on the work or duties of disabled individuals or necessary accommodations. In addition, this information may be provided to government officials monitoring the Medical Center's Affirmative Action Programs or to medical personnel such as first aid or safety staff if the nature of your condition might require medical treatment.

The Medical Center's affirmative action programs are available for inspection upon request in the Human Resources Department. If you are a woman, minority, eligible veteran or disabled individual, the Medical Center would like to include you in its affirmative action programs. If you would like to be included, please self-identify below and return your completed form to: **Human Resources, Attn: Carolyn Sarante, Employee Relations Compliance Specialist.**

I do not wish to self –identify.

<p>GENDER:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>RACE/ETHNICITY:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian (not Hispanic or Latino)</p> <p><input type="checkbox"/> Black or African American (not Hispanic or Latino)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Two or More Races</p> <p><input type="checkbox"/> White (not Hispanic origin)</p>	<p>VETERAN STATUS:</p> <p><input type="checkbox"/> Vietnam Era Veteran (Individual who served on active duty for more than 180 days any part of which was during the period of 8/5/64 through 5/7/75 and who was discharged/released with other than a dishonorable discharge, or who served for any length of time during this period before being discharged/released for a service-connected disability)</p> <p><input type="checkbox"/> Recently Separated Veterans</p> <p><input type="checkbox"/> Other Protected Veterans</p> <p><input type="checkbox"/> Disabled Veteran (Individual entitled to disability compensation under law administered by the Veterans Administration for disability rated at 30% or more, or discharged/released from active duty due to a disability incurred or aggravated in the line of duty.)</p> <p><input type="checkbox"/> Other Eligible Veteran (Individual (1) who served on active duty in the Armed Forces during a war in a campaign or expedition for which a campaign badge has been authorized, or (2) who while serving on active duty in the Armed Forces, participated in a military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985, or (3) who has been discharged/released from duty within the last three years.)</p> <p>DISABILITY STATUS:</p> <p><input type="checkbox"/> Disabled Individual (Individual who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment.)</p> <p>If you are disabled, it would assist us if you tell us about (1) any special methods, skills and procedures which would qualify you for jobs that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind, and (2) accommodations the Medical Center could make to enable you to perform the job properly and safely, including special equipment, changes in physical layout of the job, or other accommodations. To do so, please contact Employee/Occupational Health Services at (617) 632-0710.</p>
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