



**ROBINSON PHARMA INC.,**

**VOLUNTARY SELF-IDENTIFICATION SURVEY**

Robinson Pharma Inc., is an Equal Opportunity Employer complies with various laws and regulations concerning equal employment opportunity and affirmative action planning. The purpose for this Self-Identification survey is to comply with Government record keeping, reporting, and other legal requirements. The completion of this data record is optional. If you choose to volunteer the request information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Position of Interest (MUST be specified):** \_\_\_\_\_ **Position Location:** \_\_\_\_\_

Please check if you do not wish to fill out this form.

1. **GENDER:**  I decline to provide this information  Male  Female

2. **EEO CLASSIFICATION**

Mark only one:

- |  |  |
|--|--|
| <input type="checkbox"/> I decline to disclose             | <input type="checkbox"/> Asian or Pacific Islander                   |
| <input type="checkbox"/> White (Not of Hispanic Origin)    | <input type="checkbox"/> Black (Not of Hispanic Origin)              |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Two or more races (note Hispanic or Latino) |
| <input type="checkbox"/> Hispanic                          |  |

3. **DISABLED, VIETNAM-ERA OR OTHER PROTECTED VETERANS**

If you are a veteran of the Vietnam era, a special disabled veteran, or an individual with a disability, we would like to include you under the affirmative action program. If you are a special disabled veteran or an individual with a disability, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions 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.

- |   |  |
|---|--|
| <input type="checkbox"/> I decline to provide this information. | <input type="checkbox"/>                                 |
| Are you a "special disabled veteran"?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a "Vietnam-era veteran"?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a "protected veteran"?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Active reserve  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inactive Reserve  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Newly Separated Veteran   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. **INDIVIDUALS WITH DISABILITIES**

Are you an individual with a disability which affects a major life activity (such as seeing, hearing, breathing, walking, performing manual tasks, etc.)?

- |  |   |
|--|---|
| <input type="checkbox"/> I decline to provide this information | <input type="checkbox"/> Visual Impairment      |
| <input type="checkbox"/> Nervous System /Neurological Disorder | <input type="checkbox"/> Respiratory Impairment |
| <input type="checkbox"/> Hearing Impairment                    | <input type="checkbox"/> Mental Impairment      |
| <input type="checkbox"/> Mobility Impairment                   | <input type="checkbox"/> Learning Disability    |
| <input type="checkbox"/> Other (describe)                      |   |

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed.

**By signing below, I am verifying the above stated information is accurate to the best of my knowledge.**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_