

HARVARD MEDICAL FACULTY PHYSICIANS

AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC.

APPLICANT INVITATION TO SELF-IDENTIFY GENDER, RACE/ETHNICITY, and VETERAN STATUS

Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc. (HMFP) 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 of any other class protected by law.

As a federal contractor, HMFP also is committed to take affirmative action to employ and advance in employment of women, minorities, veterans of Vietnam Era, qualified disable 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 HMFP of your desire to benefit under its affirmative action program 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 restrictions on the work or duties of disabled individuals or necessary accommodations. In addition, this information may be provided to government officials monitoring the organizations Affirmative Action Program or to medical personnel such as first aid or safety staff if the nature of your condition might require medical treatment.

HMFP's Affirmative Action Program is available for inspection upon request in the Human Resources Department. If you are a woman, minority, eligible veteran or disabled individual, HMFP 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 375 Longwood Ave, 3rd floor, Boston MA 02215 or fax to 617-632-9752.**

Your Information

(please print)

Last Name: _____ First Name: _____ MI _____

Position Applying For: _____ Department: _____

Decline Self-Identification:

Gender:

I do not wish to self identify

Male

Female

Race/Ethnicity

American Indian or Alaskan Native

Asian (not Hispanic or Latino)

Black or African American (not Hispanic or Latino) Hispanic or Latino

Native Hawaiian or Other Pacific Islander Two or More Races

White (not Hispanic or Latino)

Veterans Status

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 his period before being discharged/released for a service-connected disability.)

Recently Separated Veterans

Other Protected Veterans

Disabled Veteran (Individual entitled to disability compensation under law administered by the Veterans Administration for disability rate at 30% or more, or discharged/released from active duty due to a disability incurred or aggravated in the line of duty.)

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 the Executive Order 12985, or (3) who has been discharged/released from duty within the last three years.)

I certify that this information is accurate. _____ (signature)

EV3 Updated