

Nursefinders®

an AMN Healthcare company

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity, gender and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **This form will be kept in a confidential file separate from your application for employment.**

Name _____ Address _____

Position _____

Gender: Male Female

Select only one of the choices below: (Explanations of the categories are listed on the 2nd page of this form)

Ethnicity: Hispanic or Latino (white race only)
 Hispanic or Latino (all other races)

Race: White (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 Two or more races (not Hispanic or Latino)

 Declines Self-Identification

SPECIAL NOTICE TO VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s): (Explanations of these categories are listed on the 2nd page of this form)

Recently Separated Veteran Disabled Veteran Other Protected Veteran
 Armed Forces Service Medal Veteran Individual With Disability

Signature: _____ Date: _____

This form should be completed and returned to Nursefinders as soon as possible.

Please return to: Human Resources, 5901 Broken Sound Parkway, Ste 500, Boca Raton, FL 33487

Fax to: 866-252-3667

AN EQUAL OPPORTUNITY EMPLOYER