Self-Identification of Gender, Ethnicity & Race, and Disability - Copy

TO THE EMPLOYEE: Self-identification of gender, ethnicity and race, and disability are essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Please provide your gender

- Female
- Male

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Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- ○ Yes
- ○ No

RACE / NATIONAL ORIGIN - Please select the racial category or categories with which you most closely identify. Check as many as apply.

- ☐ 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 tribal affiliation or community attachment.
- ☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American - A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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DEFINITION OF A DISABILITY: An individual with a disability: A person who person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more or such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).

PART I. TARGETED / SEVERE DISABILITIES

HEARING

- ○ Total deafness in both ears (with or without understandable speech).

VISION

- ○ Blind (Inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

MISSING EXTREMITIES

- ○ Missing extremities (missing one arm or leg, both hands or arms, both feet of legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or let, or both hands or arms and both feet or legs)

PARTIAL PARALYSIS

- ○ Partial paralysis (because of brain, nerve or muscle impairment, including palsy and cerebral
- ○ palsy, there is some loss of ability to move or use a part of t the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

COMPLETE PARALYSIS

- ○ Because of brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts

OTHER IMPAIRMENTS

- ○ Epilepsy
- ○ Severe intellectual disability
- ○ Psychiatric disability
- ○ Dwarfism

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Part II. OTHER DISABILITIES

HEARING

- ◯ Hearing imparement/hard of hearing

VISION IMPAIRMENTS

- ◯ Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

PHYSICAL CONDITIONS

- ◯ Missing extremities (one hand or one foot)
- ◯ Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
- ◯ Spinal abnormalities (.e.g, spina bifida, scoliosis)
- ◯ Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body.
- ◯ HIV Positive / AIDS
- ◯ Morbid obesity
- ◯ Partial paralysis of one hand, arm, foot, leg or any part thereof
- ◯ Complete paralysis of one hand
- ◯ Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/ complete recovery.
- ◯ Diabetes
- ◯ Blood diseases (.e.g, sickle cell anemia, hemophilia)
- ◯ Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
- ◯ Kidney dysfunction (e.g., if dialysis [Use of an artificial kidney machine] is required)
- ◯ Cancer - (present or past history)
- ◯ Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
- ◯ Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
- ◯ History of alcoholism.

SPEECH IMPAIRMENTS

- ◯ Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering, voice (with normal hearing), dysphasia or history of laryngectomy.
- ◯ Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written); (e.g., dyslexia, ADD/ADHD)

OTHER

- ◯ I have a disability, but it is not listed in this survey
- ◯ I do not wish to identify my disability status.
- ◯ I do not have a disability

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Thank you for taking the time to complete this survey.

Please confirm your USCG e-mail address by entering it in the box provided in the event that we need to contact you.

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