**NOTICE TO APPLICANTS AND EMPLOYEES**

InSource is an equal opportunity/affirmative action employer. To this end, InSource maintains Affirmative Action Plans for minorities and women. These Plans, or portions thereof, that will enable you to avail yourself of their benefits, are available for inspection by contacting Julie Joyce, Affirmative Action Administrator, during normal business hours.

 **Julie Joyce**

 Julie Joyce

 Affirmative Action Administrator

**VOLUNTARY SELF-IDENTIFICATION FORM**

**InSource Solutions**

InSource (the “Company”) is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as a disabled, other protected, recently separated, or Armed Forces Service Medal veteran. As an equal opportunity employer, the Company complies with all relevant government regulations and affirmative action responsibilities. Solely to help us with record keeping, reporting, and other legal requirements, we offer you the opportunity to complete this self-identification form. Submission of this information is completely voluntary. Whether you provide this information or not, you will not be subject to adverse treatment.

|  |  |
| --- | --- |
| SEX[ ]  Male[ ]  Female | RACE (Check One Only) [ ]  Asian (not Hispanic or Latino)  [ ]  Black or African American (not Hispanic or Latino) [ ]  Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)  [ ]  White (not Hispanic or Latino) [ ]  Hispanic or Latino [ ]  American Indian or Alaskan Native (not Hispanic or Latino)  [ ]  Two or More Races (not Hispanic or Latino) |

[ ]  I choose not to disclose

**The provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee.**

I have been given the opportunity to participate in the self-identification process:

POSITION(S) APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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