Bright Star Institute

www.brightstarinstitute.com
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Voluntary Self-Identification Form

Organization: Bright Star Institute

Purpose: Compliance with 29 CFR § 38.41 & WIOA Section 188

Confidentiality Notice: The information requested below is for record-keeping and compliance monitoring purposes only. Providing this information is voluntary. Your refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and maintained in a separate file from your general personnel/student records.

1. Basic Information

Full Name: _____

Date: _____

Status: ◯ Applicant for Employment ◯ Current Employee ◯ Program Applicant/Registrant

2. Demographic Data

Sex: ◯ Male ◯ Female ◯ I choose not to identify

Age / Date of Birth: _____

Ethnicity: ◯ Hispanic or Latino ◯ Not Hispanic or Latino ◯ I choose not to identify

Race (Select one or more):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I choose not to identify

3. Disability Status

Do you require any reasonable accommodation in order to complete this training?

◯ Yes ◯ No ◯ I choose not to answer

4. Language and Communication

Do you identify as having Limited English Proficiency (LEP)? *(Do you have difficulty speaking, reading, writing, or understanding English?)*

◯ Yes ◯ No

What is your preferred language for communication and training?

◯ English ◯ Spanish Other: _____

For Administrative Use Only (EO Officer)

Unique Identifier / ID#: _____

Date Form Received: _____

Method of Collection: ◯ Self-Identify ◯ Observation (if required by law)