

**EQUAL EMPLOYMENT OPPORTUNITY RECORD**

Whirlwind is an equal employment opportunity employer. The company is also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will 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 employee or individual.

**GENDER:**

- Male
- Female

**RACE/ETHNICITY:**

**Please check if you are:**

- Hispanic or Latino (A person having origins in any of the Spanish cultures including, Mexico, Puerto Rico, Cuba, Central America, South America, or any other Spanish culture or origin, regardless of race.)

**If you are NOT Hispanic or Latino, please check the appropriate box below:**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America and who maintain cultural identification through 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 Japan, Cambodia, China, India, Korea, Malaysia and the Philippine Islands.)
- Black or African American (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander (A Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other e Pacific Islands.)
- White (Any person with origins in any of the original peoples of Europe, the Middle East or North Africa.)
- Two or More Races (All persons who identify with more that one of the above five races.)

I certify that I have read and had an opportunity to complete this form:

Position: \_\_\_\_\_

Name: (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_