

# AMERICAN STEAMSHIP COMPANY EEO SURVEY FORM

The EEOC requires self-identification by employees of their gender and race/ethnicity.

In addition, we are also required to file an annual VETS-4212 Report with the U.S. Department of Labor that includes statistics on the number and types of veterans we employ. So that we may provide accurate information to the EEOC and Department of Labor, GATX/ASC is conducting a survey of all employees requesting voluntarily self-identification of your race/ethnicity, gender and veteran status.

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 individual.**

Name \_\_\_\_\_ PIN (if known) \_\_\_\_\_ Date \_\_\_\_\_

I am \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

## RACIAL IDENTIFICATION

**Check the one that you feel applies to you:**

- |   |   |
|---|---|
| <input type="checkbox"/> (H) Hispanic or Latino   | <input type="checkbox"/> (A) Asian (not Hispanic or Latino)                             |
| <input type="checkbox"/> (W) White (not Hispanic or Latino)                                     | <input type="checkbox"/> (I) American Indian or Alaskan Native (not Hispanic or Latino) |
| <input type="checkbox"/> (B) Black or African American (not Hispanic or Latino)                 | <input type="checkbox"/> (M) Two or More Races (not Hispanic or Latino)                 |
| <input type="checkbox"/> (P) Native Hawaiian or other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> (D) I decline to provide my self-identification details        |

### Explanation of the Categories:

- (H) Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- (W) White (not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- (B) Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- (P) Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native (not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- (M) Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

## VETERAN STATUS: Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> None- No US military service                   | <input type="checkbox"/> Disabled Veteran  |
| <input type="checkbox"/> Active duty wartime or campaign badge Veteran' | <input type="checkbox"/> Recently Separated Veteran                              |
| <input type="checkbox"/> Armed Forces Service Medal Veteran             | <input type="checkbox"/> (W) I decline to provide my self-identification details |

### Explanation of the Categories:

- NONE**- No US military service
- Active duty wartime or campaign badge Veteran'** – means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran'** – means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- 'Disabled Veteran'** – means (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- 'Recently Separated Veteran'** – means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Decline to Identify-** I prefer not to share this information

### Voluntary Self-Identification of Disability

The government's new EEO reporting requirement was implemented by the U.S. Department of Labor's Office of Federal Contract Compliance Programs.\* GATX/ASC falls under the requirement because the company has contracts or subcontracts with a government agency. Companies doing business with the federal government, including GATX, now are required to collect data and report on the number of military veterans and people with disabilities in their workforces. We must also reach out to, hire, and provide equal opportunity to qualified people with disabilities.

If you already work for us, your answer will not be used against you in any way, and will be kept confidential. Because a person may become disabled at any time, we are required to ask all of our employees to update their information at least every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a Disability?

You are considered to have a disability if you have a physical or mental impairment, or a medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

**Disabilities include but are not limited to:**

- Autism
- Bipolar Disorder
- Blindness
- Cancer
- Cerebral palsy
- Epilepsy
- Deafness
- Diabetes
- HIV/AIDS
- Intellectual disability- previously called mental retardation
- Impairments requiring use of a wheelchair
- Major depression
- Missing limbs or partially missing limbs
- Muscular Dystrophy- MD
- Multiple Sclerosis- MS
- Obsessive -Compulsive Disorder-OCD
- Post Traumatic Stress Disorder-PTSD
- Schizophrenia

**Please check one of the options below:**

- Yes, I have a disability, or previously had a disability
- No, I do not have a disability
- I do not wish to answer

MY NAME (Please Print) \_\_\_\_\_ PIN# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- \*Section 503 of the Rehabilitation Act of 1973, as amended. For more info about this survey, visit the US Department of Labor's Office of Federal Contract Compliance Programs ( OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp)
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