



**EMPLOYEE SELF-IDENTIFICATION FORM**

**EMPLOYEE NAME** *(please print):*

Johnson & Wales University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may 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.

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**Please answer the following question:**

**Do you consider yourself to be Hispanic or Latino** (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)?

**YES**            **NO**

If "**NO**" please select your race/ethnic category from the list below, then sign and date the form:

**RACE /ETHNIC CATEGORIES:**

**WHITE (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK OR AFRICAN AMERICAN (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

**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.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

**TWO OR MORE RACES:** All persons who identify with more than one of the above five races.

I decline to self-identify my race/ethnic category.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:**

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**CONFIDENTIALITY AGREEMENT FOR STUDENT EMPLOYEES**

I, (print your full name) \_\_\_\_\_, hereby acknowledge that, as a Student Employee of Johnson & Wales University, I may be exposed to or made aware of private, confidential, non-public, sensitive or legally protected information about the university, its students and employees (“Confidential Information”).

For example, the federal Family Educational Rights and Privacy Act of 1974, as amended, and its regulations govern the privacy rights of students and their families, and protects student records as Confidential Information. As a further example, Confidential Information can include non-public financial information about the university, the technology it may develop or its future.

I understand that I have a continuing obligation, now and in the future, not to reveal to anyone or use for myself or anyone else any Confidential Information learned by me either through my employment by the university, the use of the university computer systems, or in any manner while employed by or as a student of the university. This includes Confidential Information that I may hear or overhear.

I understand that I may not discuss Confidential Information with anyone outside my work group, and only with those in my work group who have a need to know. I understand that I may not post Confidential Information on any social media platform, discuss Confidential Information with my family or friends, or use Confidential Information for the benefit of anyone within or outside of the university.

I understand that failing to comply with these obligations may subject me to disciplinary action up to and including termination of my employment and may subject me to legal action by governmental agencies and the individuals whose information is disclosed.

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

Date: