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**SEX, RACE, AND ETHNIC  
GROUP IDENTIFICATION FORM**

**DO NOT SIGN FORM**

The federal government requires that an employer maintain records on the race, sex and ethnic group of its applicants. In order to comply with these requirements, Hospice of Washington County, Inc., requests that you supply the information sought below. The information is for record keeping purposes only and will not in anyway affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for:

\_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: \_\_\_\_\_

Ethnic Group (Check if you are a member of the Ethnic Group)

\_\_\_\_\_ Two or more races (not Hispanic or Latino)

\_\_\_\_\_ American Indian

\_\_\_\_\_ Asians (not Hispanic or Latino)

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

\_\_\_\_\_ Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture)

In conformity with applicable laws, Hospice of Washington County, Inc., is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.