

**DIOCESE OF SHREVEPORT**  
**EEOC EMPLOYEE IDENTIFICATION FORM**

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

EMPLOYEE NAME:

GENDER:

MALE

FEMALE

RACE:

\*\*\*Select ONE\*\*\*

WHITE (NOT OF HISPANIC ORIGIN)

BLACK (NOT OF HISPANIC ORIGIN)

HISPANIC

ASIAN OR PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

JOB CATEGORY:

\*\*\*Select ONE\*\*\*

OFFICIAL/MANAGER

PROFESSIONAL

TECHNICIAN

SALES WORKER

ADMINISTRATIVE SUPPORT

CRAFT WORKER (SKILLED)

OPERATIVE (SEMI-SKILLED)

LABORER (UNSKILLED)

SERVICE WORKER