DMB Community Bank

SELF IDENTIFICATION FORM

In order to comply with government record keeping, reporting and other legal requirements, DMB Community Bank asks that you complete the following form. **The completion of this form is voluntary.**

Full Name: _____ SSN: _____

Address: _____

Sex: ☐ Male ☐ Female

Racial/Ethnic Categories, Please Check One:
The categories below were developed by the federal government and are the only current options available.

☐ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition.

☐ **African American** – A person who is not Hispanic and having origins in central or southern Africa.

☐ **Asian or Pacific Islander** – A person having origins in the original peoples of the Far East, Southeast Asia, India or Pacific Islands.
Hispanic – A person having origins in Central or South America.

☐ **White** – A person having origins in Europe, North Africa, or the Middle East.

Check Each Box Which Applies to Your Veteran's Status

☐ **Special Disabled Veteran** – A veteran who is entitled to compensation under the law for disability rated at 30 percent or more, or 10 or 20 percent if it has been determined that the individual has a serious employment disability; or a veteran who was discharged or released from active duty because of a service-connected disability.

☐ **Veteran of the Vietnam Era**

☐ **Other Protected Veteran** – A veteran who served in the military, ground, naval or air service of the United States, on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I understand that my completion of this form is voluntary.

Date: _____ Signature: _____

DMB Community Bank is an equal opportunity employer and considers all applicants for employment based on non-discriminatory, job-related factors.