**Self-Identification Survey**

The Company is subject to the requirements of the Federal Contractor’s Program and therefore must obtain information regarding its workforce representation. The information collected will be kept **confidential** by Human Resources and will strictly be used to develop a workforce analysis, and to ensure the Company works towards removing barriers for members of the four designated groups (Women, People with Disabilities, Aboriginals and Visible Minorities).

**Every employee MUST send this survey back to HR via email to** [**HRsupport@jjei.com**](mailto:HRsupport@jjei.com)with their name on it, however it is OPTIONAL if you want to identify yourself within one of the designated groups. You may identify yourself in more than one group, and you have the right to change your responses at any time, upon request.

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**Employee Name:**

**Position:**

**A. Designated Group #1: Women**

**Are you Female? (Check Yes or No)**

**YES**  **NO**

**B. Designated Group #2: People with Disabilities**

**Are you a Person with a Disability? (Check Yes or No)**

**YES  NO**

*A person with a disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and*

*(i) Considers themselves to be disadvantaged in employment by reason of that impairment, OR,*

*(ii) Believes that an employer or potential employer is likely to consider him/her to be disadvantaged in employment by reason of that impairment,*

*…and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.*

*If you identify yourself as a Person with a Disability, check below that which applies to you:*

*Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard)*

*Mobility (difficulty moving around, for example, from one office to another or up and down stairs)*

*Blind or Visual Impairment (unable to see or difficulty seeing)*

*Deaf or Hard of Hearing (unable to hear or difficulty hearing)*

*Speech Impairment (unable to speak or difficulty speaking and being understood)*

*Other Disability (including learning disabilities, developmental disabilities and all other types of disabilities)*

**C. Designated Group #3: Aboriginals**

**Are you an Aboriginal? (Check Yes or No)**

**YES  NO**

*If you identified yourself as an Aboriginal, check below that which applies to you:*

*Metis*

*Inuit*

*North American Indian/First Nation*

*An Aboriginal is defined as a North American Indian or a member of a First Nation or who is Métis, or Inuit - North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.*

**D. Designated Group #4: Visible Minority**

**Are you a Visible Minority? (Check Yes or No)**

**YES  NO**

*A Visible Minority is someone (other than an Aboriginal person as defined in C above) who is non-white in colour/race, regardless of place of birth.*

*If you identified yourself as a Visible Minority, check below that which applies to you:*

*Black*

*Chinese*

*Filipino*

*Japanese*

*Korean*

*Southeast Asian/East Indian (including Indian from India, Bangladeshi, Pakistani, East Indian from Guyana, Trinidad, East Africa)*

*Southeast Asian (including Burmese, Cambodian, Laotian, Thai, Vietnamese)*

*Non-White West Asian, North African or Arab (including Egyptian, Libyan, Lebanese, Iranian)*

*Non-While Latin American (including indigenous persons from Central and South America)*

*Person of Mixed Origin (with one parent in one of the visible minority groups listed above)*

*Other Visible Minority Group (please specify):*

**E. If you do not identify yourself with any of the four designated groups (Women, People with Disabilities, Aboriginals or Visible Minorities), please check below:**

I do not identify myself with any of the above four designated groups

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Thank you for completing this survey. Please return to Human Resources at:

[HRsupport@jjei.com](mailto:HRsupport@jjei.com)