

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

VOLUNTARY SELF IDENTIFICATION FORM – RACE/SEX

As a Government Contractor, subject to Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, [redacted] (“Employer”) takes affirmative action to actively recruit, employ and advance in employment qualified minorities, females, qualified disabled individuals, Armed Forces service medal veterans, recently separated veterans, qualified disabled veterans and other protected veterans.

The information on this form helps us comply with Federal and State Equal Employment Opportunity requirements and our Affirmative Action Program. Note that the completion of this form is voluntary on your part. If you already work for [redacted], your answers will not be used against you in any way. If you are an applicant, completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. Employer will keep such information confidential, except that government officials investigating Employer for affirmative action compliance may be informed.

If you choose to provide us with this information, you may do so at this time or at any time in the future.

Name: _____ Date: _____

Sex: Male Female

Please specify your Race/Ethnic classification by first indicating whether you consider yourself to be Hispanic or Latino:

Hispanic or Latino Yes No

If you are not Hispanic or Latino, please check one or more of the following racial categories:

American Indian/Alaskan Native (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

White (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Two or more races (Not Hispanic or Latino)

For information regarding the definitions of the foregoing racial/ethnicity categories, please see the attached sheet or contact Employer’s Human Resources Department at [() Phone] or [Email Address].

RACE/ETHNIC IDENTIFICATION

Race/Ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of record-keeping, an employee may be included in the group to which she/he appears to belong, identifies with, or is regarded in the community as belonging.

The following **race/ethnic groups** are recognized by the EEOC for reporting purposes: **HISPANIC OR LATINO**

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN

(Not Hispanic or Latino) -- All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

WHITE

(Not Hispanic or Latino) -- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK OR AFRICAN AMERICAN

(Not Hispanic or Latino) -- All persons having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

(Not Hispanic or Latino) -- All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE

(Not Hispanic or Latino) -- All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.

TWO OR MORE RACES

(Not Hispanic or Latino) -- All persons who identify with more than one of the above five races

VOLUNTARY SELF IDENTIFICATION FORM - VETERANS

1. [] is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**

A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you already work for [REDACTED], your answers will not be used against you in any way. If you are an applicant, completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. If you wish to review Employer's Affirmative Action Plan for Disabled Individuals, Armed Forces Service Medal Veterans, Recently Separated Veterans, Disabled Veterans and Other Qualified Veterans, please contact Employer's Human Resources Department at [() Phone] or [Email Address].