

VOLUNTARY SELF-IDENTIFICATION FORM

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital or veteran status, or any classification protected by federal, state, or local law.

We are required by federal law to maintain the following information on all applicants. Therefore, we ask that you complete this self-identification form so that we can properly meet this requirement.

Completion of this data is voluntary. This form will be used for government reporting purposes only and will be processed separately from your resume/application. Thank you for your participation.

PLEASE PRINT

Name: _____ **Gender:** **Male** **Female**

Date: _____ **Position Applied For:** _____

How did you hear of our opening:

Newspaper Ad	Metro Employee Referral	Friend
State Employment Service	Internal Posting	Relative
Temporary Service	Recruiter	Employment Agency
College Placement/Technical School	Other	

ETHNIC GROUP: *(Check the description below corresponding to the ethnic group with which you most identify.)*

Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African America: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

I do not wish to self-identify.

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Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that we can comply with these important federal mandates.

Provision of the information requested below is voluntary and will be kept confidential by the Company. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veteran's programs in accordance with the regulations implementing 38 U.S.C. 4212.

VETERAN STATUS

(Please check one if it describes your veteran status)

Special Disabled Veteran: (Please check if either or both categories apply to you.)

- (1) a veteran 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 Department of Veterans Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or
- (2) a veteran who was discharged or released from activity duty because of a service-connected disability.

Vietnam Era Veteran: (Please check if either or both categories apply to you.)

- (1) a veteran who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or
- (2) a veteran who was discharged or released from activity duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.

Other Veteran: (Please check if either or both categories apply to you.)

- (1) a veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
- (2) a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. (Since new campaigns and expeditions are added from time to time, they can be identified by you or your employer at your request at <http://www.opm.gov/veterans/html/vgmedal2.asp>.) A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214 Form," if the veteran meets this criterion.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY
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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.