

Applicant Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires federal government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

This company is also subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended, which requires federal government contractors to take affirmative action to employ and advance in employment covered veterans. If you are a covered veteran (see definitions below) and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time or at any time in the future.

Submission of this information is **voluntary** and refusal to provide it will not subject you to an adverse treatment. The information provided will only be used in ways that are not inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974, and Executive Order 11246, as amended. **This information will be maintained separately from your application for employment.**

Applicant Name: _____ Date: _____

Position Applied for: _____

Are you disabled? _____ Accommodations requested for disability _____

- ☐ Male
- ☐ Female

- ☐ White (not Hispanic or Latino) (1)
- ☐ Black or African American (not Hispanic or Latino) (2)
- ☐ Hispanic or Latino (3)
- ☐ Asian (not Hispanic or Latino) (4)
- ☐ American Indian/Alaska Native (not Hispanic or Latino) (5)
- ☐ Native Hawaiian/Pacific Islander (not Hispanic or Latino) (6)
- ☐ Two or more races (not Hispanic or Latino) (7)

- ☐ Disabled Veteran. A person who was discharged or released from active duty because of a service-connected disability.
- ☐ Other Protected Veteran. A veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ Armed Forces Service Medal Veteran. A veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985(62Fed. Reg. 1209).
- ☐ Recently separated Veteran. Any veteran during the three0year period beginning on the date of such veteran's discharge or release from active duty.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____