

CONFIDENTIAL EMPLOYEE SURVEY

As part of our continuing commitment to Equal Employment Opportunity, the company has a policy of hiring and promoting individuals based on ability and potential and without regard to those facts that have no bearing on the execution of job responsibilities. The company takes affirmative action steps to employ and advance females, minorities, individuals with disabilities and protected veterans in the workplace.

To enable us to meet government reporting requirements, we request that you complete this personal data form. Any information that you choose to provide will not be considered by us for employment purposes and will be treated as personal and confidential. You may identify as a protected veteran and/or an individual with a disability at any time.

Provision of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. This information will be kept in a CONFIDENTIAL file, separate from the personnel folder. It will only be used in accordance with applicable laws and regulations. Your cooperation is appreciated.

PLEASE PRINT

Name (Last, First, Middle):	Employee number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hire Date:
Job Title:	Location and Department Name and Number:		
Office Address (Street, City, State, Zip):	Where did you hear about the position?		

What is your race/ethnicity? You may mark only one box.

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| <input type="checkbox"/> | White | (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> | Black or African-American | (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander | (not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | American Indian/Alaskan Native | (not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| <input type="checkbox"/> | Two or more Races | (not Hispanic or Latino) A person who identifies with more than one of the above five races. |

This employer 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:

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 the following periods of war:

- a. Persian Gulf War – August 2, 1990 to present;
- b. Vietnam Era – February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; or
- c. Korean Conflict - June 27, 1950 – January 31, 1955,

or served in a campaign or expedition for which a **campaign badge** has been authorized under the laws administered by the Department of Defense.

A "Recently Separated Veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service hired during the three-year period beginning on the date of your discharge or release from active duty.

A "Disabled Veteran" is a veteran of the U.S. military who (i) is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) was discharged or released from active duty because of a service-connected disability.

An "Armed Forces Service Medal Veteran" means any 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 (61FR 1209).

<input type="checkbox"/>
<input type="checkbox"/>

I identify as one or more of the classifications of protected veterans listed above

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.

Information concerning your status will be kept confidential except to the extent necessary to provide special accommodations or emergency treatment. Government officials may be informed where required. Your participation is voluntary; failure to respond will not result in adverse treatment.

Signed _____

Date _____

Voluntary Self-Identification of Disability

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

Voluntary Self-Identification of Disability

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