INVITATION TO SELF IDENTIFY: APPLICANTS AND/OR CURRENT EMPLOYEES

This Company is an entity subject to Executive Order 11246; Section 503 of the Rehabilitation Act of 1973, as amended; the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; the Jobs for Veterans Act (JFVA) of 2003, and/or Title VII of the Civil Rights Act of 1964 and is required to comply with certain government record-keeping requirements.

THIS FORM IS VOLUNTARY AND COMPLETION IS NOT REQUIRED FOR (CONTINUED) <u>EMPLOYMENT</u>.

We hope you will voluntarily complete this form and assist in our affirmative action efforts. This data is for periodic government reporting and will be kept in a file separate from your application and/or human resources file.

sition Currently Hel	ld/Applied For:	
oday's Date		
our Name		
ast	<u>First</u>	Middle Initial
	ries require periodic reports on the sex, race/e ployees. This data is for analysis and affirmat ion is voluntary.	
Please check which	h of the following applies to you: Male	Female
Please check which	h of the following categories below applies to	you. Please check only one category
the Middle East or Black or Afric racial groups of Af	an American (Not Hispanic or Latino) - A Trica.	person having origins in any of the black
	atino - A person of Cuban, Mexican, Puerto I origin regardless of race.	Rican, South or Central American, or other
Native Hawaii	an or Other Pacific Islander (Not Hispanio of Hawaii, Guam, Samoa, or other Pacific Isla	
East, Southeast As	spanic or Latino) - A person having origins in a continuous or the Indian Subcontinent including, for each existan, the Philippine Islands, Thailand and	example, Cambodia, China, India, Japan,
	ian or Alaskan Native (Not Hispanic or La North and South America (including Central punity attachment.	
	Races (Not Hispanic or Latino) – All person	n who identify with more than one of the
Race missing o	or unknown – Applies where applicant or em	aployee fails or declines to disclose this
	good-faith determination cannot be made.	

<u>PRE-OFFER</u>, VOLUNTARY INVITATION TO SELF IDENTIFY IN ACCORDANCE WITH VEVRAA 41 CFR 60-300.42(a)

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, <u>38 U.S.C. 4212</u> (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 <u>Executive Order 12985</u>.

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.

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 request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

[] I IDENTIFY AS ONE OR MORE OF THE CLASSIFIC ABOVE (CHECK BELOW):	ATIONS OF PROTECTED VETERAN LISTED
[] I AM NOT A PROTECTED VETERAN [] I DECLINE THE INVITATION TO SELF-IDENTIFY	
YOUR NAME	TODAY'S DATE

Voluntary Self-Identification of Disability

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.ⁱ 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

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.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or 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.

<u>POST-OFFER</u>, VOLUNTARY INVITATION TO SELF IDENTIFY IN ACCORDANCE WITH VEVRAA 41 CFR 60-300.42(b)

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, <u>38 U.S.C. 4212</u> (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:

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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.

YOUR NAME	TODAY'S DATE
5. In accordance with these Acts, we are committed to a pol against applicants or employees because of status as a protect disability and will take special Affirmative Action to employ qualified individuals at all levels of employment, including to reasonable accommodation for individual with disabilities.	eted veteran or person with a known y and advance in employment such
4. The information you submit will be kept confidential, exc be informed regarding restrictions on the work or duties of d accommodations; (ii) first aid and safety personnel may be in appropriate, if you have a condition that might require emerg officials engaged in enforcing laws administered by the Offic Programs, or enforcing the Americans with Disabilities Act,	lisabled veterans, and regarding necessary informed, when and to the extent gency treatment; and (iii) Government ce of Federal Contract Compliance
3. Submission of this information is voluntary and refusal to adverse treatment. The information provided will be used on the Vietnam Era Veterans' Readjustment Assistance Act of 1	ly in ways that are not inconsistent with
If you are a disabled veteran it would assist us if you tell us could make that would enable you to perform the essential for equipment, changes in the physical layout of the job, change performed, provision of personal assistance services or other assist us in making reasonable accommodations for your disable accommodations.	unctions of the job, including special in the way the job is customarily accommodations. This information will
[] I am NOT a protected veteran.	
[] I am a protected veteran, but I choose not to self-identify	the classifications to which I belong.
[] ARMED FORCES SERVICE MEDAL VETERAN	
[] ACTIVE WARTIME OR CAMPAIGN BADGE VETER	AN
[] RECENTLY SEPARATED VETERAN	
[] DISABLED VETERAN	
ALL THAT APPLY):	OF PROTECTED VETERANS (CHOOSE