



Voluntary Self Identification Form

Gender, Ethnicity, Race, Disabled and Veteran Status

In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment. If you do not self-identify your race/ethnicity and gender at this time, the federal government requires this employer to determine this information by visual survey and/or other information available.

Name:	CITIZENSHIP	GENDER
	Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female

What is your Race/Ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

HISPANIC OR LATINO A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race

White A person having origins in any of the original peoples of Europe, the Middle East, or North America

Black or African American 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 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 Viet Nam.

American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Two or More Races A person who primarily identifies with two or more of the above race/ethnicity categories.

VETERAN STATUS
Using the definitions in the following attachment, please check the box or boxes below to identify yourself in as many covered veterans' categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran (including Active Wartime or Campaign Badge Veteran)

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

YES NO Not a Protected Veteran

YES NO Protected Veteran, but Choose Not to Self-Identify

YES NO Decline to Identify

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.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO I do not wish to answer

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature

Date



Disabled and Veteran Self-Identification Questionnaire

This Company is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as “covered veterans”.

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

- Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Other Protected 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.
- Three-Year Recently Separated Veteran means a 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.
- 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 (61Fed Reg 1209).
- 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