

# Affirmative Action Plan Multi-Factor Self-Identification Form

This form provides you with information about why certain information is being asked of you as well as the collection data itself. This form covers all factors related to annual reporting as a federal contractor as well as data necessary to update our annual Affirmative Action Plan. None of this information is used in any way to make employment related decisions. The four factors being covered in this form are:

1. Race & Ethnicity
2. Gender
3. Veteran Status
4. Disability Status

## Definitions Affirmative Action: Voluntary Self-Identification of Race & Ethnic Identity

- *Hispanic or Latino*  
A person of Cuban, Mexican, Puerto Rican, South or Central American, 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 American (Not Hispanic or Latino)*  
A person having origins in any of the black racial groups of Africa.
- *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.
- *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 Alaska 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.
- *Two or More Races (Not Hispanic or Latino)*  
All persons who identify with more than one of the above five races.

## Definitions for Affirmative Action: Voluntary Self-Identification of Veteran Status

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:

- *Disabled Veteran*  
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.

# Affirmative Action Plan Multi-Factor Self-Identification Form

- *Recently Separated Veteran*

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.

- *Active Duty Wartime or Campaign Badge Veteran*

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.

- *Armed Forces Services Medal Veteran*

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 Executive Order 12985.

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.

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.

You will be asked about the FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (You will CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- 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.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

# Affirmative Action Plan Multi-Factor Self-Identification Form

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
5. ***The affirmative action program will only summarize this information as a company and will not identify individual's names. This summary will be compared to the national average as required by the OFCCP.***

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## Definitions for Affirmative Action: 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. 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- HIV/AIDS
- Cerebral palsy
- Muscular dystrophy
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Missing limbs or partially missing limbs
- Autism
- Schizophrenia
- Bipolar disorder
- Major depression
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Intellectual disability (previously called mental retardation)

*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.

# Affirmative Action Plan Multi-Factor Self-Identification Form

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](http://www.dol.gov/ofccp) (<http://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.

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

## Affirmative Action: Voluntary Self-Identification of all four Factors

I have all of the definitions on the previous page or referred to them as I completed the following table. Please check all that apply:

<b>RACE OR ETHNIC IDENTITY</b>	<b>GENDER</b>	<b>VETERAN STATUS</b>	<b>DISABILITIES</b> <i>(Please check at least one box below)</i>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> YES, I HAVE A DISABILITY (or previously had a disability)
<input type="checkbox"/> White (non-Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> NO, I DON’T HAVE A DISABILITY
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Special Disabled Veteran	
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veterans	
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="checkbox"/> I am not a veteran	
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)			
<input type="checkbox"/> I do not wish to Identify	<input type="checkbox"/> I do not wish to Identify	<input type="checkbox"/> I do not wish to Identify	<input type="checkbox"/> I do not wish to Identify

Your name: \_\_\_\_\_

Today’s Date: \_\_\_\_\_