



Job Applicant Self-Identification Form

We are a government contractor subject to all provisions of The Civil Rights Act of 1964, Executive Order 11246 (as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans' Readjustment Assistant Act of 1974 (as amended). Qualified applicants are considered without regard to race, color, sex, age, religion, national origin, genetic information, pregnancy, disability, or protected veteran status.

In order to help us comply with government regulations, we would like you to answer the questions listed below. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** This form will be kept strictly confidential and separate from your Employment Application.

Last Name	First Name	Middle Initial
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Gender: (Please check one)

- Male
- Female

Race/Ethnicity: (Please check one)

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Are you a Protected Veteran? (Please check one)

- Yes, I am a *Protected Veteran.
- No, I am not a Protected Veteran.

*Protected Veteran Categories/Definitions

- Disabled veteran:
 - 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 for a disability; or
 - a person who was discharged or released from active duty because of a service-connected disability
- Recently separated veteran: any veteran during the three –year period beginning on the date of discharge or release from active duty in the U'S military, ground, naval, or air service
- Active duty wartime or campaign badge veteran: any 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 laws administered by the Department of Defense
- Armed Forces service medal veteran: 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 No. 12985

Voluntary Self-Identification of Disability

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Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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: