

VOLUNTARY SELF-IDENTIFICATION FORM

First Name: _____ Last Name: _____ Date: _____

Position Applied For: _____

Voluntary Self-Identification of EEO Status

Harding, Shymanski & Co., P.S.C. is subject to certain nondiscrimination recordkeeping and reporting requirements which require HSC to invite you to voluntarily self-identify your race/ethnicity. Information will be used solely for government reporting purposes. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for enforcement purposes. Please complete and return with your application for employment.

GENDER: Male: Female:

RACE/ETHNICITY:

White (Not Hispanic or Latino)

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

Hispanic or Latino

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

Black or African American

A person having origins in any of the black racial groups of Africa.

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 maintain tribal affiliation or community attachment.

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 Vietnam.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Two or More Races

A person who identifies with more than one of the above five races/ethnic categories.

VOLUNTARY SELF-IDENTIFICATION FORM

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral Palsy
- Major depression
- Obsessive compulsive disorder (OCD)
- Cancer
- HIV/AIDS
- Multiple Sclerosis (MS)
- Impairments requiring a wheelchair
- Diabetes
- Schizophrenia
- Missing or partially missing limbs
- Intellectual disability (formerly called Mental Retardation)
- Epilepsy
- Muscular dystrophy

Please select one of the options below:

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 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 the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <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 a collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

VOLUNTARY SELF-IDENTIFICATION FORM

Voluntary Self-Identification of Protected Veteran Status

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 current employees and applicants belonging to one or more specified “protected veteran” categories. These classifications are defined as follows and are hereafter referred to all together as “protected veterans”:

- 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 Executive Order 12985.

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.

Are you a Veteran? Yes No

If you selected **Yes**, you are a Veteran, please select one or more of the Protected Veteran status options from below:

I Am a Recently Separated Veteran

Active Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I Identify as a Veteran, Just Not a Protected Veteran

I Do Not Wish to Self-Identify

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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.

The 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.

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.

Signature: _____