

# AFFIRMATIVE ACTION QUESTIONNAIRE

Because we are a state and/or federal contractor, we are required to gather the information in this questionnaire to comply with mandatory governmental affirmative action recordkeeping requirements. **This information will be kept confidential, and will not be used in any way in connection with decisions made about your employment or your application for employment.** The information requested is voluntary, and you will not be penalized for choosing not to complete the questionnaire.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Title of job held or applied for: \_\_\_\_\_

### What is your gender?

- Male  Female  Non-Binary

### What is your race/ethnic origin?

- Hispanic or Latino:** a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture of origin, regardless of race.
- White:** (not Hispanic or Latino), a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American:** (not Hispanic or Latino), a person having origins in any of the Black African racial groups.
- 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.
- Native Hawaiian or Other Pacific Islander:** (not Hispanic or Latino), a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Native American or Alaskan Native:** (not Hispanic or Latino), all persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliations or community attachment.
- Two or More Races:** (not Hispanic or Latino), all persons who identify with more than one of the above five races.

### Do you identify with one or more of the classifications of protected veterans below?

- Yes  No

If yes, please indicate by checking the appropriate box below

- (1) Disabled Veteran\*  
This term means (A) a veteran who is entitled to compensation under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.  
*\*If you are a disabled veteran and require an accommodation to perform the essential functions of your position, please contact the HR Department.*
- (2) Armed Forces Service Medal Veterans  
This term means any veteran who, while serving on active duty in the U.S. military participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- (3) Recently Separated Veterans  
This term means any veteran within 36 months from discharge or release from active duty.
- (4) Active Duty Wartime or Campaign Badge Veteran  
This term means a veteran who served on active duty in the U.S. military 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.
- (5) I am a protected veteran, but choose not to self-identify the classifications to which I belong.

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How do you know if you 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:*

- 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

### Please check one of the boxes below:

- Yes, I Have a Disability, or Have a History/Record of Having a Disability
- No, I Don't Have a Disability, or a History/Record of Having a Disability
- I Don't Wish 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

Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_