



VOLUNTARY PRE-EMPLOYMENT INFORMATION FORM

NAME: _____

DATE: _____ **POSITION APPLIED FOR:** _____

This organization is a government contractor subject to Executive Order 11246. Qualified applications are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or physical or mental disability. Please complete this information to assist us in complying with equal opportunity/affirmative action recordkeeping requirements. **Providing this information is voluntary and refusal to provide it will not result in any adverse personnel decision or action.** This form will be kept in a separate, confidential file and will be used only for government reporting purposes.

GENDER: Male Female Do Not wish to Identify

RACE / ETHNICITY GROUPS:

Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

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

Black or African American – An individual with origins in any of the Black racial groups of Africa.

Asian – A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example China, Japan, Korea, the Philippine Islands, Cambodia, Thailand, Vietnam, India, Pakistan, Bangladesh, Sri Lanka, and Nepal.

Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native – A person with origins in any of the original peoples of North and South America who maintains cultural identification through tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above races.

Do not wish to identify.

SIGNATURE: _____

By Checking this box, it confirms I am the person who filled out and signed this form.



PROTECTED VETERAN SELF-IDENTIFICATION FORM

This organization is a federal government contractor subject to the Veteran Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), and their implementing regulations, which require government contractors to take affirmative action to employ and advance in employment: disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans. These classifications are defined as follows:

Disabled Veteran – Includes (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 the laws administered by the Secretary of Veterans Affairs for disability; **OR** (ii) a person who was discharged or released from active duty because of a service-connected disability.

Active Duty Wartime or Campaign Badge Veteran – Includes veterans 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.

Recently Separated Veteran – Includes any veteran who served on active duty in the U.S. military, ground, naval, or air service during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

Armed Forces Service Medal Veteran – Includes any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United State 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 that by checking the appropriate box below. As a federal 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.

I identify as one or more of the classification of protected veteran listed above.

I am not a protected veteran.

I decline to disclose my protected veteran status.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability or veteran status will be kept confidential, except that (1) supervisors and managers may be informed in order to ensure proper placement and to accommodate a disability that you have identified; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) 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.

REQUEST FOR ACCOMMODATION – If you are a disabled veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider requests for accommodation on a case-by-case basis.

NAME: _____

DATE: _____

By Checking this box, it confirms I am the person who filled out and signed this form.



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 have ever has a disability. **Completing this form is voluntary. If you are applying for a job, any answers you give will be kept private and will not be used against you in any way.**

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 |
| Cancer | HIV/AIDS | Multiple Sclerosis (MS) | Impairments requiring the use of a wheelchair |
| Diabetes | Schizophrenia | Missing Limbs | Intellectual disability |
| Epilepsy | Muscular Dystrophy | | |

Please check one of the boxes below:

Yes, I have a disability or have previously had a disability

No, I don't have a disability

I do not wish to answer

NAME: _____ DATE: _____

SIGNATURE: _____

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.

By Checking this box, it confirms I am the person who filled out and signed this form.