**Race and Gender Self-Identification Form– Sample:**

**APPLICANT AFFIRMATIVE ACTION INFORMATION**

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to age 40 and over, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by state or local law. As an affirmative action employer under E.O. 11246, we invite all applicants to identify themselves as indicated below.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

PLEASE PRINT

Name Date

Last First Middle

Position applied for (*list only one*)

Where did you hear about this job? **Race/Ethnicity** (You may mark one or more of the following):

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

LI **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 maintains tribal affiliation or community attachment.

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

LI **Black or African American—**A person having origins in any of the black racial groups of Africa.

LI **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.

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

LI **I elect not to identify Race/Ethnicity**

**Sex**: LI Male LI Female

LI **I elect not to identify Gender**

**Signature . .**

**Veteran Self-Identification Form– Sample One (1):**

**Voluntary Self-Identification of Veteran Status**

**Why Are You Being Asked to Complete This Form?**

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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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.)

**How Do You Know if You Are a Veteran Protected by VEVRAA?**

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN   
I DON'T WISH TO ANSWER

**NAME DATE**

**What Categories of Veterans Are “Protected” by VEVRAA?**

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below:

1. 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.
2. 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.
3. 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.
4. 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.

**Veteran Self-Identification Form– Sample Two (2):**

**Voluntary Self-Identification of Veteran Status**

[Company Name] 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 (VEVRRA), 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:

* 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.

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**.

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. Completion of this form is Voluntary.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN   
I DON'T WISH TO ANSWER

**NAME DATE**

**The following page is the exact, required Disability Self-Identification Form.**

**do not alter this form**

|  |
| --- |
| **Voluntary Self-Identification of Disability**  Form CC-305 OMB Control Number 1250-0005  Page 1 of 1 Expires 04/30/2026  Name: Date: |
| Employee ID: |
| (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.](https://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 • Disfigurement, for example, • Nervous system condition, for example,   disorder (not currently using disfigurement caused by burns, migraine headaches, Parkinson’s  drugs illegally) wounds, accidents, or congenital disease, multiple sclerosis (MS)   * Autoimmune disorder, for disorders • Neurodivergence, for example,   example, lupus, fibromyalgia, • Epilepsy or other seizure disorder attention-deficit/hyperactivity disorder  rheumatoid arthritis, HIV/AIDS • Gastrointestinal disorders, for example, (ADHD), autism spectrum disorder,   * Blind or low vision Crohn's Disease, irritable bowel dyslexia, dyspraxia, other learning * Cancer (past or present) syndrome disabilities * Cardiovascular or heart • Intellectual or developmental disability • Partial or complete paralysis (any   disease • Mental health conditions, for example, cause)   * Celiac disease depression, bipolar disorder, anxiety • Pulmonary or respiratory conditions, for * Cerebral palsy disorder, schizophrenia, PTSD example, tuberculosis, asthma, * Deaf or serious difficulty • Missing limbs or partially missing limbs emphysema   hearing • Mobility impairment, benefiting from the • Short stature (dwarfism)   * Diabetes use of a wheelchair, scooter, walker, • Traumatic brain injury  leg brace(s) and/or other supports |
| **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: |
|  |