



Voluntary Self-Identification

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 disabilities¹. 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.

Self-Identification of Disability

What is 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 you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

<ul style="list-style-type: none"> • Blindness • Deafness • Epilepsy • Cancer • Diabetes • Autism 	<ul style="list-style-type: none"> • Major Depression • Schizophrenia • Bipolar Disorder • Obsessive Compulsive Disorder • Muscular Dystrophy 	<ul style="list-style-type: none"> • Multiple Sclerosis (MS) • Missing Limbs or Partially Missing Limbs • Intellectual disability (previously called mental retardation) Cerebral Palsy 	<ul style="list-style-type: none"> • Post-Traumatic Stress Disorder (PTSD) • Impairments requiring the use of a wheelchair • HIV/AIDS
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Please check one of the boxes below:

- Yes I have a disability (or have previously had a disability)
- No, I do not have a disability
- I do not wish to answer

Reasonable Accommodation

Federal law requires us 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.

¹Section 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 www.dol.gov/ofccp.

Protected Veterans

You are considered to be a protected veteran if one or more of the following categories apply:

- Disabled Veteran
- Recently separated Veteran
- Active duty wartime or campaign badge Veteran
- Armed forces service medal Veterans

If you belong to any of the categories listed above, please check 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

- I identify as one or more of classifications of protected Veteran listed above.
- I am not a protected veteran.

Signature _____

Date _____

I understand that submission of this information is voluntary, that information will be kept confidential, and that refusal to provide information about disability will not subject me to any adverse treatment.