



## VOLUNTARY SELF-IDENTIFICATION

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This information is requested solely to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Section 4202 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act.

This information will not become part of your employment application or, if applicable, your personnel file. When reported, data will not identify any specific individual.

**Gender**  Male  Female

### Ethnic Group

(H) Hispanic or Latino a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

**If your answer was Not Hispanic or Latino, please indicate your Race.**

(W) White (not Hispanic or Latino) a person having origins in the original peoples of Europe, North Africa, or Middle East.

(B) Black or African American (not Hispanic or Latino) a person having origins in any of the Black racial groups of Africa.

(A) 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.

(P) 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.

(N) American Indian or Alaskan Native (not Hispanic or Latino) a person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

(T) Two or More Races (not Hispanic or Latino)

### Veteran Status

Check if any of the following are applicable.

Vietnam Era Veteran: One who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released discharged or released there from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of which occurred between August 5, 1964, and May 7, 1975.

Special Disabled Veteran A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Defense or was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: A veteran who served on active duty during a war, campaign, or expedition for which a campaign badge has been authorized.

Newly Separated Veteran Any veteran who was discharged or released from active duty within the past 3 years.

I choose not to self-identify.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

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

### 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:

OMB Control Number 1250-0005

<sup>1</sup>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 [www.dol.gov/ofccp](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 collection displays a valid OMB control number. This survey should take about 5 minutes to complete.