

## EMPLOYEE DATA SHEET

Name as it appears on Social Security Card:

Prefix	First Name	Middle Name	Last Name	Suffix
--------	------------	-------------	-----------	--------

Current Home Address:

Street	City	State	Zip
--------	------	-------	-----

Personal Phone Number: \_\_\_\_\_

Biographical Information:

Date of Birth	Gender
---------------	--------

Race/Ethnicity:

Hispanic or Latino or Spanish Origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify one or more of the following race categories:

- Race and Ethnicity Unknown
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Citizenship Status:

- US Citizen
- Resident Alien
- Non-Resident Alien

In Case of Emergency Contact:

Name	Telephone	Relationship
------	-----------	--------------

Name	Telephone	Relationship
------	-----------	--------------

I certify that all information in the form is true and accurate to the best of my knowledge. I understand it is my responsibility to make pertinent changes to my Personnel/Payroll records as may occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Voluntary Self-Identification of Veteran Status

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

1. 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), 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.

2. 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.

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

I AM NOT A VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) 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.

---

Your Name

---

Today's Date

Revised 9/2023

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
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](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:**

<ul style="list-style-type: none"><li>Alcohol or other substance use disorder (not currently using drugs illegally)</li></ul>	<ul style="list-style-type: none"><li>Diabetes</li></ul>	<ul style="list-style-type: none"><li>Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports</li></ul>
<ul style="list-style-type: none"><li>Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS</li></ul>	<ul style="list-style-type: none"><li>Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders</li></ul>	<ul style="list-style-type: none"><li>Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)</li></ul>
<ul style="list-style-type: none"><li>Blind or low vision</li></ul>	<ul style="list-style-type: none"><li>Epilepsy or other seizure disorder</li></ul>	<ul style="list-style-type: none"><li>Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities</li></ul>
<ul style="list-style-type: none"><li>Cancer (past or present)</li></ul>	<ul style="list-style-type: none"><li>Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome</li></ul>	<ul style="list-style-type: none"><li>Partial or complete paralysis (any cause)</li></ul>
<ul style="list-style-type: none"><li>Cardiovascular or heart disease</li></ul>	<ul style="list-style-type: none"><li>Intellectual or developmental disability</li></ul>	<ul style="list-style-type: none"><li>Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema</li></ul>
<ul style="list-style-type: none"><li>Celiac disease</li></ul>	<ul style="list-style-type: none"><li>Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD</li></ul>	<ul style="list-style-type: none"><li>Short stature (dwarfism)</li></ul>
<ul style="list-style-type: none"><li>Cerebral palsy</li></ul>	<ul style="list-style-type: none"><li>Missing limbs or partially missing limbs</li></ul>	<ul style="list-style-type: none"><li>Traumatic brain injury</li></ul>
<ul style="list-style-type: none"><li>Deaf or serious difficulty hearing</li></ul>		

### 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.

Revised 9/2023