



DEMOGRAPHIC INFORMATION ON APPLICANTS

CABVI is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Your voluntary responses will remain confidential within the Human Resources Department and will be used only for the necessary information to include in our Affirmative Action Program. Refusal to provide this information will have no bearing on your employment and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your assistance.

Name: _____ **Date:** _____

Gender (Check One): Male Female

Ethnicity (Check One):

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

Race (Check all that apply):

- American Indian or Alaska Native – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliations or community attachments.
- 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 or Vietnam.
- Black or African American – a person having origins on any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.
- White – a person having origins in any of the original peoples of Europe, the Middle East or North America.



Central Association for the Blind and Visually Impaired

VOLUNTARY SELF-IDENTIFICATION FORM:

Veterans

CABVI is an Equal Opportunity Employer. Providing the information requested in this form is voluntary and will assist us in maintaining affirmative action programs to promote employment opportunities of individuals who are special protected veterans and other protected veterans. Disclosure or refusal to provide such information will in no way result in adverse treatment. All information provided will be kept confidential.

Name: _____

Date: _____

Please indicate the category or categories that apply to you:

- Disabled Veteran**
A “disabled veteran” is defined as:
 - (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 retirement pay would be entitled to compensation) under laws administrated by the Secretary of Veteran Affairs, or
 - (ii) A veteran who was discharged or released from active duty because a service connected disability.

- Recently Separated Veteran**
A “recently separated veteran” is defined as a veteran who, while serving on active duty in the U.S. military, ground, naval or air service in the past three years.

- Armed Forces Services Medal Veteran**
An “armed forces services medal veteran” is defined as 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 services medal was awarded pursuant to executive Order 12985.

- Other Protected Veteran**
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.

List any accommodations needed to assist you in performing the essential functions of your job:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.¹ 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.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

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 or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

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.

ⁱ 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.

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.