

The University of Idaho is an Affirmative Action/Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive campus community. Collection of the following information on sex, race/ethnicity, disability and veteran status is in compliance with Federal laws and regulations, executive orders and applicable State laws and regulations.

The information that you submit will remain **confidential, maintained separate from other personnel records** and be used by the University only for statistical and required reporting purposes. Completion of this form is **voluntary**; failure to provide this information will not adversely affect your employment.

Name: _____ **ID Number:** _____ **Date:** _____
Sex: Female Male

Race/Ethnicity:

What is your ethnicity?

Are you Hispanic or Latino? Yes No

What is your race? If you choose to voluntarily self-identify, please check one or more of the race or races with which you identify.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Race/Ethnicity Definitions:

- **Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **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 maintain tribal affiliation or community attachment.
- **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.
- **Black or African American** – A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the 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 Africa.

Veterans Status:

The University of Idaho is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. We ask that you help us fulfill our commitments and to meet our obligations as a government contractor under 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 us to take affirmative action to employ and advance in employment protected veterans.

While the University is required by VEVRAA to submit an annual report to the U. S. Department of Labor identifying the total number of employees who are “protected veterans” based on the categories listed below, submission of this information is voluntary on your part and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in a manner consistent with VEVRAA.

Protected Veteran classifications are defined as follows:

- **Disabled Veteran** – A veteran of the US 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.
- **Recently Separated Veteran** – Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the US military, ground, naval, or air service.
- **Active duty wartime or campaign badge veteran** – A veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** – A veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please check one of the boxes below:

- I am a protected veteran
- I am NOT a protected veteran
- I don’t wish to answer

Reasonable Accommodation Notice: If you are disabled veteran and require a reasonable accommodation that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please contact Human Resources at 208-885-3609 or hr@uidaho.edu.

Please return this form to the Office of Workforce Diversity
 Physical Address: Bruce Pitman Center, Room 41
 Mail: 875 Perimeter Dr. MS 4241, Moscow, ID 83844-4241
 Email: hrai@uidaho.edu

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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

Please return this form to the Office of Workforce Diversity
Physical Address: Bruce Pitman Center, Room 41
Mail: 875 Perimeter Dr. MS 4241, Moscow, ID 83844-4241
Email: eo-aareview@uidaho.edu