

# Voluntary Affirmative Action Data

Form B: For government contractors with contracts of \$100,000 or more entered into on or after December 1, 2003

**PLEASE NOTE: Completion of this form is voluntary.**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.**

## Applicant Information

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Male  Female Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral source:**

- Government employment agency  Private employment agency  Current employee
- Walk-in  School  Relative
- Other \_\_\_\_\_  Advertisement in \_\_\_\_\_

Person who referred you, if applicable \_\_\_\_\_

**Please select one of the following Equal Employment Opportunity Identification Groups:**

- Hispanic or Latino  White (not Hispanic or Latino)  Asian (not Hispanic or Latino)
- Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)  Black/African American (not Hispanic or Latino)
- American Indian/Alaskan Native (not Hispanic or Latino)  Two or more races (not Hispanic or Latino)

**Veteran Status Information (for government contractors with contracts of \$100,000 or more entered into on or after December 1, 2003)**

Our company is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance qualified disabled veterans, Armed Forces service medal veterans, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **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 consistent with the amended VEVRAA. This information 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, 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 (OFCCP), or the Americans with Disabilities Act, may be informed.

**Please check all boxes that apply to you:**

- I am an Armed Forces service medal veteran:** 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.
- I am a 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 U.S. military, ground, naval or air service.
- I am an "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 laws administered by the Department of Defense.

- I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans. (You may request this now and/or at any time in the future.)
- None of the above applies to me.

**Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.**

- Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

**APPLICANT:**

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) 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
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

- Yes.** I would like to be included under the company's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the company's affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability, so you will be considered for any such positions.

\_\_\_\_\_  
 \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**For Administrative Use**

Position(s) applied for \_\_\_\_\_  Current opening  No current opening

Other position(s) considered for \_\_\_\_\_

Hired?  No  Yes Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position hired for \_\_\_\_\_

**Position classification**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers        |
| <input type="checkbox"/> First/mid-level officials and managers        | <input type="checkbox"/> Professionals                  | <input type="checkbox"/> Service workers      |
|  | <input type="checkbox"/> Operatives                     | <input type="checkbox"/> Technicians          |
|  | <input type="checkbox"/> Craft workers                  | <input type="checkbox"/> Laborers and helpers |

Additional notes \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_