

# HSU Sponsored Programs Foundation - Employee Information Form

(Applicant)

HSU Sponsored Programs Foundation is an Equal Employment Opportunity Employer, and as such, is required by federal law to maintain and report certain information regarding its applicants and employees. These guidelines are applied by the Equal Employment Opportunity Commission in the enforcement of title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 (hereinafter "Title VII")

It is the policy of HSU Sponsored Programs Foundation to seek and employ qualified personnel, to provide equal employment opportunities for all applicants and employees in recruiting, hiring, placement, training, compensation and benefits, promotion, transfer, and termination. To achieve this HSU SPF will administer all personnel actions without regard to race, color, religion, religious dress practice, religious grooming practice, creed, sex, national origin, age, disability, marital status, pregnancy, sexual orientation, citizenship, gender identity, veteran status or any other protected class and base all such decisions on valid job requirements.

In order to comply with the law(s), you are invited to provide the following information voluntarily. If you do not wish to self-identify, simply mark the box for "I decline to Self-Identify". This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to supply this information will not jeopardize or adversely affect any consideration you may receive for employment. When reported to the government, this data will not identify any specific individual.

If you believe you belong to any of the categories of qualified veterans listed on page two, 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.

**If you need assistance with completion of this form and/or the application process assistance will be provided upon request.**

Name:		Date:
Position Title:		
How did you hear about the job?		
<b>Section 2: Please check ( ) all that apply (See second page for definitions)</b>		
*Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> I decline to identify.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<input type="checkbox"/> I identify as a qualified veteran <input type="checkbox"/> I am not a qualified veteran <input type="checkbox"/> I decline to identify
Signature: _____		
I would like to request a reasonable accommodation. Contact me at: _____		

## \* RACE/ETHNIC IDENTIFICATION CATEGORIES

### **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

### **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **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, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **American Indian or Alaska Native (Not Hispanic or Latino)**

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.

### **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

## \*\* QUALIFIED VETERAN STATUS:

**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 show citation box 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.

**“Other protected veterans”** means veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded.

## Voluntary Self-Identification of Disability

Form CC-305  
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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](http://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

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_