

PUID Number _____ - _____

Person ID Number: _____
(To be completed by VPEC)

Name: _____, _____, _____
(Last) (First) (MI)

Purdue University is an Equal Opportunity/Equal Access employer. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, disability, status as a veteran, marital status, parental status, sexual orientation, gender identity or gender expression. Because we do business with the government, we are subject to certain governmental record keeping and reporting requirements. To comply with these requirements, Purdue invites you to voluntarily self-identify your race, ethnicity, veteran and disability status. Completing this form is voluntary, but we hope that you will choose to fill it out. Your answer will not be used against you in any way. Please know that the information obtained will be kept confidential. When reported, data will not identify any specific individual.

ETHNICITY (Select 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 (Select all that apply)

- 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 maintains 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** 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 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 Africa.

PUID Number _____ - _____

Person ID Number: _____
(To be completed by HR)Name: _____, _____, _____
(Last) (First) (MI)

To ensure that Purdue complies with its affirmative action obligations and the relevant portions of 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"), federal regulations require us to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. This report is to further the purpose of aiding in Purdue's recruitment and hiring efforts related to protected veterans, and to evaluate Purdue's own compliance efforts by proactively identifying and correcting any deficiencies in Purdue's hiring practices.

"Protected veteran" categories are identified in VEVRAA. This statute 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. VEVRAA defines these classifications as follows:

- (1) A "disabled veteran" is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air force 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.
- (2) 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.
- (3) 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.
- (4) 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I am NOT a veteran.
- I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- RECENTLY SEPARATED VETERAN Date of Discharge _____ (Required)
- ARMED FORCES SERVICE MEDAL VETERAN
- DISABLED VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am a veteran but do not belong to any of the above classifications.

Purdue University abides by the requirements of 41 CFR 60-300.5(a). This regulation requires affirmative action by covered contractors to employ and advance in employment qualified protected veterans. This includes not only that Purdue provide equal employment and advancement opportunities to all individuals based solely on merit, qualifications, and abilities, it also requires that Purdue recruit, hire, train, and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to protected veteran status. Furthermore, Purdue will make reasonable accommodations for qualified protected veterans with known disabilities unless doing so would result in an undue hardship. Finally, Purdue prohibits harassment of any individual on the basis of protected veteran status. Employees may raise concerns and make reports without fear of reprisal, harassment, intimidation, threats, coercion or discrimination, and they shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities, among others: (1) filing a complaint with Purdue or with federal, state, or local agencies; (2) assisting or participating in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state or local equal employment opportunity or affirmative action statute; (3) opposing any act or practice made unlawful by federal, state or local law requiring equal employment opportunity or affirmative action; or (4) exercising any other employment right protected by federal, state or local law or its implementing regulations.

If you are a disabled veteran, it would assist us if you tell us whether there are any accommodations we could make 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. This information will assist us in making reasonable accommodations for your disability.

The submission of this information is **voluntary** and your refusal to provide it will not subject you to any adverse treatment. We will use this information only in ways that are not inconsistent with VEVRAA, as amended.

The information you submit will be kept **confidential**, except that we may inform: (i) supervisors and managers regarding restrictions on your work or duties, and regarding necessary accommodations; (ii) first aid and safety personnel, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws the United States Office of Federal Contract Compliance Programs or the United States Equal Employment Opportunity Commission administer.

DATE

Signature

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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

Form CC-305
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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.