



## West Virginia University Self Identification Form

West Virginia University would appreciate your assistance in completing the information requested on this form. It will be used to assess the effectiveness of WVU's Affirmative Action Plan and in meeting compliance obligations under state and federal law. Completion of the form is voluntary and will not be used in the evaluation of applications. When used for reporting purposes, information from many individuals is combined so that your personal information remains confidential.

### General Information:

Position: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

**Gender:** Please check ONE (1) of the options below.

☐ Male

☐ Female

**Ethnicity:** Please check ONE (1) of the options below.

Are you **Hispanic** or **Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)?

☐ Yes

☐ No

(If your answer is "No", please continue to the next section.)

**Race:** Please check the description(s) below corresponding to the group(s) with which you identify.

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

A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

☐ **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.

☐ **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.

☐ **White** (Not Hispanic or Latino)

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

**How did you learn of this vacancy?**

☐ Advertisement, please specify \_\_\_\_\_

☐ Other, please specify: \_\_\_\_\_

Please return this form to your respective physician recruiter via email or fax at (304) 598-4264.

## Voluntary Self-Identification of Disability

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

### 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. 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

### 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 <http://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.

## INVITATION TO SELF IDENTIFY: PROTECTED VETERAN STATUS

West Virginia University is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA"), as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212. The equal opportunity clause of VEVRAA requires government contractors to take affirmative action to employ and advance in employment "Protected Veterans". A government contractor's affirmative action obligations also include: (i) maintaining a written Affirmative Action Program; (ii) extending an invitation to applicants for employment to identify their veteran status; (iii) engaging in other outreach to, and positive recruitment efforts of, veterans; and (iv) measuring the effectiveness of the outreach.

Protected Veterans are defined by the government to include the following classifications:

**Disabled veteran** is: (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

**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.

**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.

**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 that you belong to any of the classifications of Protected Veteran listed above, it would assist our affirmative action efforts if you would please indicate by checking the appropriate boxes below.

### *Please note:*

The submission is voluntary. The refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, and will be used only in ways that are not inconsistent with VEVRAA, such as (i) informing supervisors and managers of restrictions on the work or duties of a disabled veterans, and regarding necessary accommodations; (ii) informing first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) informing government officials engaged in enforcing VEVRAA, or enforcing the Americans with Disabilities Act.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- ☐ I AM NOT A PROTECTED VETERAN

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_