

Michigan Technological University Post-Hire Equal Employment Opportunity Form

Michigan Technological University is an equal opportunity employer and a Federal Government contractor subject to certain federal, state, and local nondiscrimination laws and regulations that require us to prepare reports and analyses by sex, race/ethnicity, veteran status, and disability status. In order to comply with these requirements, we invite you to self-identify. **Your response to this request is completely voluntary** and refusal to provide it will not subject you to any adverse treatment. Information you do choose to provide will be kept confidential, will not be used when making employment decisions, and will only be used in accordance with federal, state, and local law. **This voluntary process assists Michigan Tech in determining if we are conducting effective outreach and recruiting efforts.** Please note, however, that if you choose not to self-identify, Michigan Tech is still obligated to count you in one of the gender and race/ethnicity categories due to our Federal compliance reporting requirements, so we are obligated to make the designation for you based on other available information.

Please complete this form and e-mail it to Equal Opportunity Compliance and Title IX at ecompliance@mtu.edu, or mail to 1400 Townsend Drive, 310 Administration Building, Houghton, MI 49931. Learn more about EOC and Title IX at mtu.edu/eo-compliance. Thank you.

Full Name: _____

Date of Birth: _____

Michigan Tech email/User ID: _____

Today's Date: _____

Voluntary Self-Identification

All of the options provided for the following self-identification questions are federally regulated. Until the federal government updates their reporting requirements to recognize more diverse identities, Michigan Tech cannot offer options beyond those listed below.

Sex:

- Male
 Female

Ethnicity:

- Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Race (select one or more):

- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 Black or African American: A person having origins in any of the black racial groups of Africa.
 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.
 Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 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.

Please return this form to Equal Opportunity Compliance and Title IX. Updated 10/2022.

Self-Identification of Veteran Status Form for Michigan Technological University

Why are you being asked to complete this form?

Michigan Technological University is a Federal contractor subject to 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 Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. **Completing this form is completely voluntary**, but we hope you fill it out. Any answer you give will be kept private and used only in ways that are consistent with VEVRAA.

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.

How do you know if you are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War, which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. The categories are defined on the bottom of this page and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP: <https://www.dol.gov/agencies/ofccp/veterans/protected-veterans>

- I identify as one or more of the classifications of protected veteran listed below.
- I have served in the military but am not included in the protected veteran classifications.
- I am not a veteran. Select if you have not served in the military.
- I do not wish to answer.

Full Name: _____

Today's Date: _____

The protected veteran classifications are defined as follows:

1. Active Duty Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - a. "Period of war" is defined for these purposes by the Department of Labor as:
 - i. June 27, 1950 – January 31, 1955 (Korean conflict);
 - ii. February 28, 1961 – May 7, 1975 (for veterans serving in the Republic of Vietnam);
 - iii. August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict); and
 - iv. August 2, 1990 – present (Gulf War).
2. 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.
3. Disabled Veteran: (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
4. 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.

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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.

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.

If you require any auxiliary aids, services, or other accommodations to apply for employment, or for an interview, at Michigan Technological University, please notify the Human Resources office at 906-487-2280 or mtujobs@mtu.edu.

If you are a current employee and want to request an accommodation, please visit mtu.edu/eo-compliance/access-disability/request/ or contact the Michigan Tech ADA Coordinator at 906-487-3310 or adacoordinator@mtu.edu.