

Michigan Technological University
Post Hire Equal Employment Opportunity Form

Michigan Technological University is an equal opportunity employer. In order to meet this commitment, it is necessary to collect the following information. Your response to this request is voluntary and refusal to provide it will not subject you to any adverse treatment. Data is used to fulfill reporting requirements, in accordance with our Affirmative Action Program. Please complete this form and return it to Institutional Equity. Thank you.

Name

Gender:

- Male Female

Date of Birth

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, North Africa, or the Middle East.
- 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, the Indian Subcontinent, for example, China, Cambodia, 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 cultural identification through tribal affiliation or community recognition.

Please return this form to Institutional Equity. 09/2018

Michigan Technological University
Voluntary Post Offer Self-Disclosure of Veteran Status

Michigan Technological University is a Government 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), which 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. These classifications are defined as follows:

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
- 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.

Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current. Those who served since August 2, 1990 are protected even if no campaign badge was issued.

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.

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

Name:

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

Separation Date:

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am not a protected veteran - I have served in the military, but not included in the protected veteran classification.
- I am not a veteran - select if you have not served in the military.

If you are a disabled veteran and need an accommodation please complete an Accommodation Request Form (<http://www.mtu.edu/equity/pdfs/ada-request-form.pdf>) or contact Institutional Equity at 487-3310 or email equity@mtu.edu. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Please return this form to Institutional Equity. 09/2018

**Michigan Technological University
Voluntary Self-Disclosure of Disability Status**

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 Michigan Technological University does 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 do not wish to answer.

Your Name

Today's Date

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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 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.

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.