



University of Pittsburgh

Voluntary Self Identification Form (Post Offer Information)

The University of Pittsburgh is committed to nondiscrimination, equal opportunity and affirmative action in accordance with federal, state, and local laws and regulations. As an employer that conducts business with the federal government, we are required to implement affirmative action programs.

To assist us with our affirmative action programs, we are asking you to self-identify the requested information below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable Federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the Federal Government requires this employer to determine this information by visual survey and/or other available information. All information will be reported using the race/ethnic categories currently approved by the DOE and EEOC.

1. What is your date of birth? _____ / _____ / _____
2. What is your gender? ___ Male ___ Female
3. Are you Hispanic or Latino? ___ Yes ___ No
4. Please identify your race and ethnicity by selecting all applicable box(s) below:
(Definitions listed below)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

| <u>Race/Ethnicity Definitions</u> | |
|-----------------------------------|--|
| 1. | <u>Hispanic or Latino</u> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race |
| 2. | <u>White</u> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| 3. | <u>Black or African American</u> - A person having origins in any of the black racial groups of Africa |
| 4. | <u>Native Hawaiian or Other Pacific Islander</u> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| 5. | <u>Asian</u> - 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 |
| 6. | <u>American Indian or Alaskan Native</u> - 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 |

5. What is the highest level of education you have completed? _____
(See list below)

| <u>Education Level</u> | |
|-------------------------------|----------------------------------|
| 1. Associate | 9. Optometry (OD) |
| 2. Baccalaureate | 10. Osteopathy (DO) |
| 3. Dentistry (DMD or DDS) | 11. Other professional Doctorate |
| 4. Education (EdD) | 12. PhD or ScD |
| 5. High School Diploma or GED | 13. Podiatry (DPM or DP or PodD) |
| 6. Law (JD or LDD) | 14. Professional Certificate |
| 7. Master's | 15. Theological |
| 8. Medicine (MD) | 16. Trade or Craft Certificate |
| | 17. Veterinary (DVM) |

Voluntary Self-Identification of Veteran Status

As a Government contractor subject to VEVRAA, we are required 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. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below.

I belong to the following classification of protected veterans (Choose ALL that apply):

(Definitions listed below)

- Disabled Veteran
- Recently Separated Veteran
- Active Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

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.

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.

- 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 don't wish to answer.

If you are a disabled veteran, it would assist us if you tell us whether there are 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, provisions of personal assistance services or other accommodations. This information will assist in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) 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) Government officials engaged in enforcing laws administered by the Office of Federal Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed. If you want to discuss accommodations, please contact our Disability Resources and Services at 412.648.7890 or visit their website at <http://www.studentaffairs.pitt.edu/drswelcome>.

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, as fully explained in Policy 07-01-03, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity and expression, genetic information, disability, or status as a veteran. The University also prohibits and will not engage in retaliation against any person who makes a claim of discrimination or harassment or who provides information in such an investigation. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

Print Employee Name: _____ Employee Signature: _____

Date: ___/___/___

Revised 3.17.16

HR USE ONLY
Entered: _____
Verified: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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.