

Voluntary Self-Identification of Protected Veteran

Form CC-305

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Name: _____

Date: _____

Employee ID: _____
(if applicable)

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 a "protected" veteran status. We are also required to measure our progress toward having a certain percentage of our workforce be individuals who have a "protected" veteran status. To do this, we must ask applicants and employees if they identify as a protected veteran.

Identifying yourself as an individual as a protected veteran 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 are a protected veteran?

You are considered to have a "protected " veteran status if you are a disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran or an Armed Forces service medal veteran. Additional definitions of these categories can be found at the following US Department of Labor page, <https://www.dol.gov/agencies/ofccp/vevraa/self-id-form>

Please check one of the boxes below:

- I identify with one or more of the classifications of a protected veteran as listed above.
I do not identify as a protected veteran.
- I dont 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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____