

## DESIGN ALASKA, INC. EEO / AA VOLUNTARY SELF-IDENTIFICATION FORM



Design Alaska, Inc. is an Equal Opportunity Employer. As required by law, we must record certain statistical information to be made a part of our Affirmative Action Program.

Employees are also invited to participate in the Affirmative Action Program by reporting their status as disabled and protected veteran.

Enclosed are questions that we are asking you to complete. In extending this invitation, you are also advised that: (a) responses will remain confidential within the Human Resources Department; (b) responses will be used only for the necessary statistical information to include in our Affirmative Action Program, which is a federal requirement; and (c) will not be used to make decisions about the terms and conditions of employment.

We are a company that values diversity. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. We actively encourage individuals with disabilities and protected veterans to advance their career. Refusal to provide this information will have no bearing on your employment and will not subject you to any adverse treatment.

Please complete the questions and return them with your application. If you require further assistance in completing the form, please feel free to contact [kym@designalaska.com](mailto:kym@designalaska.com). Your participation represents a valuable contribution to our Affirmative Action Program. Thank you for your cooperation.

### APPLICANT INFORMATION

Date Completed:

Applicant Name:

Position Applied for:

Last 4 Digits of Social Security #:

### GENDER CATEGORIES

- Male  Female  Do not wish to identify

### RACE OR ETHNIC IDENTITY

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;
- White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- 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;
- 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;
- American Indian or Alaskan Native (Not Hispanic or Latino) – 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 recognition; and
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- Do not wish to identify.

## PROTECTED VETERAN CATEGORIES *(See Definitions Below)*

- I am not a veteran. (I did not serve in the military.)
- I belong to the following classifications of protected veterans (Choose all that apply):
  - DISABLED VETERAN
  - RECENTLY SEPARATED VETERAN      Military Discharge Date (MM/DD/YYYY): \_\_\_\_\_
  - ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
  - ARMED FORCES SERVICE MEDAL VETERAN
- I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)
- I choose not to identify my veteran status.

This employer 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.

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.

# DESIGN ALASKA, INC. VOLUNTARY SELF-IDENTIFICATION OF DISABILITY FORM



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 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](http://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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_