

Name: _____
Position: _____
Date: _____

Voluntary Invitation to Self-Identify- Sex, Ethnicity, Race

Gustavus Adolphus College is subject to Executive Order 11246, as amended, which requires federal employers to take affirmative action and provide equal employment opportunity to employees, without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are requesting self-identification information, as information gathered through this voluntary self-identification form is used periodically with various government agencies for statistical reporting and to measure the effectiveness of our affirmative action and equal employment opportunity outreach efforts.

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 federal affirmative action regulations. Human Resources is the only office that will view this information.

GENDER: Select the gender you identify most with:

- FEMALE NON-BINARY/ THIRD GENDER
 MALE I PREFER NOT TO IDENTIFY
 I PREFER TO SELF-DESCRIBE

SELF-DESCRIBE:

TRANSGENDER: Do you identify as transgender?

- YES NO I PREFER NOT TO IDENTIFY

ETHNICITY: Are you Hispanic or Latino?—A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

- YES NO I PREFER NOT TO IDENTIFY

RACE: Select all that apply.

- BLACK or AFRICAN AMERICAN (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- WHITE (not Hispanic or Latino) -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ASIAN (not Hispanic or Latino) – A person having origins in any of the original peoples of 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/ALASKA 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 maintain tribal affiliation or community attachment.
- NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- I PREFER NOT TO IDENTIFY

Voluntary Invitation to Self-Identify- Protected Veteran

Gustavus Adolphus College is 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 below. We are requesting that you voluntarily self-identify your veteran status using this form, as information gathered through this voluntary self-identification form is used periodically with various government agencies for statistical reporting and to measure the effectiveness of our affirmative action and equal employment opportunity outreach efforts.

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 not inconsistent 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 Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

PROTECTED VETERAN: Do you identify as one or more of the classifications of protected veterans listed above?

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW
- I AM NOT A PROTECTED VETERAN
- I PREFER NOT TO IDENTIFY

Voluntary Self-Identification of Disability

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. 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

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DO NOT HAVE A DISABILITY

I PREFER NOT TO IDENTIFY

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.

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.

Do you need reasonable accommodations?

YES, I DO NEED REASONABLE ACCOMMODATIONS

NO, I DO NOT NEED REASONABLE ACCOMMODATIONS

I PREFER NOT TO IDENTIFY

If "yes," please describe any accommodations needed: