

## VOLUNTARY SELF-IDENTIFY FORM Applicants

Envirolssues is an Equal Opportunity Employer and seeks to maintain a workplace for all people. We do not discriminate against any employee because of race, color, age, sex, gender identity, marital status, sexual orientation, religion, creed, national origin, the presence of any physical or mental disability, or status as a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, or any other protected status.

Envirolssues also supports and is in compliance with the Office of Federal Contract and Compliance Programs, Equal Employment Opportunity Commission, as well as the Americans with Disabilities Act.

As part of the company's Affirmative Action Program, we invite applicants to voluntarily and confidentially self-identify themselves. In extending this invitation, you are advised that: (1) you are under no obligation to provide this information, but may do so in the future if you choose; (2) any responses you provide will remain confidential within the Human Resources Department; and (3) responses will be used only for the necessary reporting required by law. When reported, the data will not identify any specific individual.

Any information provided on this form is considered confidential and will not be used against your potential employment and will not subject you to any adverse treatment. If you choose not to provide status information, please indicate this in each respective section.

Thank you for your cooperation in completing this form.

	PLICANT INFORMATION me:	Position Applied For:	
How did you	hear about Envirolssues?		
☐ Envirolssues Website		☐ Community Organization	
☐ Work Sour☐ Job Fair☐	ce	☐ University / College Placement Office:	
☐ Referred by current or former employee (name):		Other:	
SECTION I:	VOLUNTARY SELF-IDENTIFICATION OF GENDER – Select the option the best identifies your gender.  □ Male □ Non-binary □ Female □ Prefer to self-describe		
SECTION II:		ON OF RACE AND/OR ETHNICITY - Select the option tegory that best identifies your race and/or ethnicity.	



<u>Important</u>: If you select the "Two or more" box, please also <u>check ALL boxes that identify your race</u> <u>and/or ethnicity</u>. For example: If you identify yourself as Asian and African American, you would select 3 boxes – African American, Asian, and Two or more.

The options provided reflect the reporting requirements to the Equal Employment Opportunity Commission.

Race and/or Ethnicity Category	Definition of Category
☐ Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
☐ Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ Asian	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 Alaska Native	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.
☐ Two or more	All persons who identify with more than one of the above.
☐ Do not wish to identify	All persons not wishing to self-identify race and/or ethnicity.

## SECTION III: VOLUNTARY SELF-IDENTIFICATION AS A PROTECTED VETERAN

Envirolssues 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 serviceconnected 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.

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.

According to 41 CFR 60-300.42, there are only two circumstances under which a prospective employer may ask job applicants who are Special Disabled Veterans to self-identify before an offer of employment is made: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans. 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.

Identification of veteran status is also essential for our Affirmative Action data collection and reporting required by law. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only; it will not affect in any way your employment with Envirolssues.

## Please check one of the boxes below:

I identify as one or more of the classifications of protected veteran listed above
I am not a protected veteran
I choose not to identify

SECTION IV: VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305, OMB Control Number 1250-0005 (Expires 1/31/2020)

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.



How do I know if I have a disability? 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.

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,

Signatu	ire	Today's Date
SECTION V:	providing the information in all sections update this information at any time duri using Adobe Acrobat or Adobe Reader, y	orm, you acknowledge that you are voluntarily on this form and understand that you may ng the hiring process with Human Resources. If you may sign the form by inserting a digital ame printed or typing on the line directly to add nt, please print and sign your form.
respond to a co		eduction Act of 1995 no persons are required to ction displays a valid OMB control number. This
equal employn		led. For more information about this form or the sit the U.S. Department of Labor's Office of at <a href="https://www.dol.gov/ofccp">www.dol.gov/ofccp</a> .
accommodation accommodation include making	on to apply for a job or to perform your jo	Please tell us if you require a reasonable b. Examples of reasonable accommodation ork procedures, providing documents in an
	a disability (or previously had a disability) have a disability. h to answer.	1.
Please check o	ne of the boxes below:	
obsessive com		g limbs, post-traumatic stress disorder (PTSD), ne use of a wheelchair, intellectual disability