



# University of Pittsburgh

Office of Diversity and Inclusion

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

Please **TYPE** the information needed on the top portion of this form **BEFORE** mailing it to the applicant.

Department Number \_\_\_\_\_ Position Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(Last) (First) (M.I.)

Title/Rank of Position Applied for \_\_\_\_\_

Name of Department \_\_\_\_\_ Date Application Received in Department Office \_\_\_\_\_

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### TO THE APPLICANT:

The University of Pittsburgh is required by Federal law to request and maintain data on the racial/ethnic, sex identity, disability and veteran status of all applicants for employment. These data provide the University of Pittsburgh and the Federal government with information necessary to monitor the University's compliance with equal employment opportunity requirements.

Please complete this form and return it to the Office of Diversity and Inclusion. To return this from electronically, hit the submit button or email it to [EEOfoms@pitt.edu](mailto:EEOfoms@pitt.edu). If you prefer, you may return form in the enclosed addressed envelope. Submission of the information requested is voluntary, and failure to provide it will not subject you to adverse treatment. *Note:* This form will *not* be kept with your application. Additional application materials should not be sent with this form, but sent directly to the department to which you have applied.

**Gender:** \_\_\_\_\_ (Please list Male, Female or specify other)

**Are you Hispanic or Latino?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**RACIAL/ETHNIC DATA:** Please identify your race and ethnicity by selecting all applicable box(s) below:

\_\_\_\_\_ **Black or African American**– A person having origins in any of the black racial groups of Africa

\_\_\_\_\_ **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 Alaskan 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

\_\_\_\_\_ **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**– A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

\_\_\_\_\_ **MR- Multiple Races**

## Voluntary Self Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veteran's 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 services 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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.

I identify as one or more of the classifications of protected veterans listed above.

I am NOT a protected veteran.

I do not wish to answer.

I am a Veteran, but I do not identify as a Protected Veteran or I am uncertain whether I am a Protected Veteran.

# Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-005

Expires 1/31/2020

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

### 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

**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.

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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](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no person 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.