**Candidate Voluntary Information Form**

**Please return this form to: The University of Georgia Assoc. Vice President for Human Resources Fax # 706-542-3284**

**Demographic Info**

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As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary, and its contents are confidential to Human Resources. We do, however, appreciate your assistance and ask that you complete the following section.

**Voluntary Demographic Data**

Federal government regulations require us to gather and maintain information on job applicants by race and gender. Please help us by checking the appropriate information below. Your response is voluntary and will not be used in any way to determine your eligibility for employment.

Gender



Are you Hispanic or Latino?



*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.*[*Click for Definitions.*](https://s3.amazonaws.com/pa-hrsuite-production/384/docs/1.htm)

**Race**

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaiian or Other Pacific Islander

 White

 Multi-racial

 Not Disclosed

*Please select all that apply.*[*Click for Definitions.*](https://s3.amazonaws.com/pa-hrsuite-production/384/docs/1.htm)

**Employment Data**

  Are you legally authorized to work in the US?



Will you now, or in the future, require sponsorship by UGA for an employment-based visa?



*(e.g., H-1B work visa, or legal permanent residency)*

## ****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.1 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 (previously called mental retardation)

 Please check one of the boxes:



 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.

1Section 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 or Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](https://www.ugajobsearch.com/user_applicant_details/68680/www.dol.gov/ofccp).

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.

## ****Voluntary Self-Identification of Protected Veteran Status****

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 Self-Identification



*If you are a Disabled Veteran, an Active Duty Wartime or Campaign Badge Veteran, an Armed Forces Service Medal Veteran, or a Recently Separated Veteran, you may voluntarily self-identify for consideration under the university’s affirmative action program. Information provided will only be used in accordance with the Act and will not go forward to an employing department until a decision has been made to hire an applicant who has voluntarily self-identified as a veteran.*

  Do you identify as a Disabled Veteran?



*A Disabled Veteran is any veteran of the U.S Military who is either 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 who was discharged or released from active duty because of a service-connected disability.*

  Do you identify as an Active Duty Wartime or Campaign Badge Veteran?



*An Active Duty Wartime or Campaign Badge Veteran is one who: • Served on active duty during one or more of the periods of war outlined in 38 U.S.C 101 (Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current), OR • Served on active duty during any campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.*

 Do you identify as an Armed Forces Service Medal Veteran?



*An Armed Forces Service Medal Veteran is any veteran who was awarded (as reflected on DD Form 214) an Armed Forces Service Medal for active duty service in a U.S. military operation for which an Armed Forces Service Medal was authorized pursuant to Executive Order 12985.*

  Do you identify as a Recently Separated Veteran?



*Refers to any veteran during the three-year period following the date of such veteran’s discharge or release from active duty.*

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