

Attached is a voluntary self-id form for individuals with a disability(ies) to confidentially, and voluntarily self-id. Welch and Rushe must give every applicant and employee the opportunity to identify as an individual with a disability, because we are a federal contractor. However, it goes beyond recording this information. We know our commitment for diversity, equity, and inclusion are a fundamental priority to achieve Welch and Rushe’s mission.

The list of disabilities on the following page are only examples of a disabilities as defined by the Federal Government. Other examples may include physical or mental impairments that are not listed. Please know you do not have to disclose what type of disability, or the diagnoses. Additionally, please note we do not need a doctor’s note confirming your selection. We are simply asking you to identify with one of the three statements:

1. Yes, I have a disability or have a history or record of having a disability. A few examples of this might be that at one time you:
* Were anemic, but today, you no longer have a history of anemia.
* Have had a hearing disorder, but with hearing aids, you no longer have a hearing issue.
1. No, I do not have a disability, or a history/record of having a disability. This indicates that you currenlty, or in the past have never been diagnosed with medical issues such as:
	* Hypertension, ADHD, or other serious medical conditions
2. I don’t wish to answer:
	* As stated above you are not obligated to answer to this request, but per the federal regulations, we must conduct outreach and request qualified individuals with disabilities to apply to our vacancies. This voluntary disclosure helps us meet the Federal Governments benchmark of employing a 7% representation of individuals with disabilities. We also want to ensure all Welch and Rushe employees, regardless of race, gender, veteran status, or disability status, have an equal opportunity for success.

If you have any questions about this form or how the collection of this data is used, you may contact Mary Munoz, VP of Human Resources at: Mmunoz@welchandrushe.com

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005
Page 1 of 1 Expires 05/31/2023

Name: Date:

Employee ID:

(if applicable)

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| 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](https://www.dol.gov/agencies/ofccp).

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| 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

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| 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.

**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_