

Self Identification Compliance Form

In order for Dartmouth to be in compliance with federal mandates on collecting and reporting data on ethnicity / race / gender/ veteran and disability status, it is important that we have accurate information on our employees. Please find below questions in regard to these categories below, including federal definitions for clarification. For each question, please select the category that best describes how you self-identify. Your responses will be kept confidential and reported in aggregated form only. Completion of this form is voluntary, but your participation will help Dartmouth remain in compliance with federal reporting requirements.

Name: _____

Please review each question below and select the categories that best describe how you self-identify.

A. Ethnicity (please check if applicable)

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

B. Race (please check one or more races)

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

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.

Asian (Not Hispanic or Latino): 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.

Native American or 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 maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

C. Gender

Female Male

Survey of Protected Veteran Status

Dartmouth College 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 separately veterans;
3. Active duty wartime or campaign badge; and
4. Armed Forces service medal veterans.

As a Government contractor subject to VEVRAA, we are required to submit a report to the U.S. Department of Labor each year, identifying the number of our employees who are "protected veteran" belonging to the below classifications.

Protected Veteran Classifications are defined as below:

- 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 related 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.
- " 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. (Period of War Dates: 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 - present)
- 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 according to Executive Order 12985.

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

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER

Your name

Today's Date

If you are a disabled veteran, it will assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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

1. supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodation;
2. 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
3. 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.

Dartmouth College abides by the requirements of 41 CFR 60-300.5(a). This regulation requires affirmative action by covered contractors to employ and advance in employment qualified protected veterans.

Voluntary Self-Identification of Disability

Form CC-305

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OMB Control Number 1250-0005

Expires 05/31/2023

Name: _____

Date: _____

Employee: _____

(If applicable)

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.

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
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia,

- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- PTSD, or major depression

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