



Human Resources & Occupational Medicine Division
 Building 400B – PO Box 5000
 Upton, NY 11973-5000
 www.bnl.gov

**EEO
 SELF-IDENTIFIER**

Managed for the U.S. Department of Energy
 by Brookhaven Science Associates, a company
 founded by Stony Brook University and Battelle

Brookhaven National Laboratory is a government contractor and is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements which require the lab to invite applicants to voluntarily self-identify their race/ethnicity. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government.

I do not wish to provide this information

Gender

Male Female

Race or ethnic categories (According to guidelines from the Equal Employment Opportunity Commission, you may choose more than one race or ethnic category).

<input type="checkbox"/> White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)	A person having origins in Hawaii or the Pacific Islands
<input type="checkbox"/> Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race
<input type="checkbox"/> 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
<input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races

 Name

 Signature

 Date

HR/EEO/10/1/2014

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 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

Voluntary Self-Identification of Disability

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.

¹ 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.

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.



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**POST-OFFER INVITATION TO
SELF-IDENTIFY AS A PROTECTED
VETERAN 41 CFR 60-300**

Brookhaven National Laboratory (BNL) is a Federal 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. Our Affirmative Action Plan is designed to set forth and measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. The classifications of protected veterans are defined as follows:

- A "disabled veteran" is: (1) 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 (2) 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 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.
Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.
- An "Armed Forces service medal veteran" means any 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 (61 FR 1209).
Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking all of the boxes below that apply. 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.

**POST-OFFER INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN 41 CFR 60-300
(CONTINUED)**

I belong to the following classification(s) of protected veterans (choose all that apply):

Disabled Veteran (see below)

Recently Separated Veteran - Date of discharge _____

Active Wartime or Campaign Badge Veteran - War/Campaign/Expedition _____

Armed Forces Service Medal Veteran - Military Operation _____

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would 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 following accommodation(s) would permit me to perform jobs utilizing my skills:

Name: _____

Date: _____

Signature: _____