PRE OFFER

Veterans Invitation to Self-Identify

The Roanoke Regional Airport Commission 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 (VEVRAA).

We are required to take affirmative action in employment for:

- Disabled veterans
- Recently separated veterans
- Active duty, wartime or campaign badge veterans
- Armed Forces service medal veterans

If you believe you belong to any of the categories listed above, please indicate by checking the appropriate box below. This information helps us evaluate our recruitment efforts for protected veterans.

 I identify as one or more of the classifications of protected veterans
 I am not a protected veteran
 I chose not to reply

The classifications of "protected veterans" are:

A "disabled veteran"

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"

Any veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S. military, ground, naval or air service.

An "active duty wartime or campaign badge veteran"

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, 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"

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.

.

Employment and Reemployment Rights Ac employment in order to perform service in the be reemployed by your employer in the post	the uniformed service, you may be entitled to sition you would have obtained with due to service. For more information, call the
Your Name	Date

÷

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

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 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 Autism
- Cancer
- Diabetes
- Epilepsy

- HIV/AIDS
- Muscular dystrophy
- Bipolar disorder
- Deafness
 Cerebral palsy
 Major depression
 - Multiple sclerosis (MS)
 - Schizophrenia 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

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

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.

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.

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.