

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.

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.

Your Name

Date

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender, age, or any other characteristic protected by Federal or applicable state law.

As a local government employer, we comply with government and equal employment regulations. Please assist us with our recordkeeping and reporting by completing the questions listed below. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. The information you supply is voluntary and will not be used for employment purposes.

Position Applied For:

Date

Mark one: Male Female

Date of Birth

Race/Ethnic Group:

Are you Hispanic or Latino?

Check if any of the following apply:

If you answered "no" above, please check one option below:

- White (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- I do not wish to Self-Identify: Signature: _____

- Veteran
- Vietnam Era Veteran
- Disabled Veteran

"Hispanic or Latino" includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

"White" includes all persons having origins in any of the original people from Europe, North Africa, or the Middle East.

"Asian" includes all persons 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.

"Black or African American" includes all persons having origins in any of the black racial groups of Africa.

"American Indian or Alaska Native" includes all persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliations or community attachment.

"Native Hawaiian or Pacific Islander" includes all persons having origins in Hawaii, Guam, Samoa, or other Pacific islands.

"Two or More Races" includes all persons who identify with more than one of the five races.

Referral Source - Select one of the following choices:

- Virginia Employment Commission
- Roanoke Airport's Web site
- Walk-In
- Other (specify source)
- Other Web site (specify which site)
- Newspaper Ad (specify paper)
- Commission Employee (list name)

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the following information.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (A) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (B) Safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (C) Government officials investigating compliance with the Acts shall be informed.

Please complete Section A, B, and/or C as applicable. Attach additional sheets for explanations if necessary.

"Disabled Individual" includes all persons who either have a physical or mental impairment that substantially limits one or more major life activity, has a record of such an impairment, or is regarded as having such an impairment.

"Disabled Veteran" includes all veterans entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30 percent or more, or persons whose discharge from active duty was for a disability incurred or aggravated in the line of duty.

"Vietnam Era Veteran" includes all persons who served on active duty for more than 180 days, any part of which was performed during the period between August 5, 1964, and May 7, 1975, and who received other than dishonorable discharge or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975. No veteran may be considered to be a "veteran of the Vietnam Era" after December 31, 1995.

"Qualified Disabled Individual or Disabled Veteran" includes all persons who are capable of performing the essential functions of a particular job, with or without the provision of reasonable accommodation to his or her disability.

Full Complete Name

Address (Street & Number)

City

State

Zip Code

Home Phone No. (w/ area code)

Position Applying For:

Section A - To Be Completed By Persons Who are "Disabled Individuals"

**Describe your disability:
(Please attach documentation of your disability.)**

Describe below the effect of your disability, if any, on your ability to perform the essential functions of the job for which you are applying. If the disability would limit your ability to perform the essential functions of the job, or create a hazard to you others in connection with the performance of the job, please indicate any special methods, skills, or procedures that enable you to qualify and the therefore perform the essential functions of the job despite your disability, or any accommodations that you believe would enable you to perform the job properly and safely despite your disability.

I hereby certify that to the best of my knowledge the above information is correct.

Signature: _____

Date

Section B - To Be Completed By Persons Who are "Disabled Veterans"

Describe your disability:

Please provide documentation of your entitlement to benefits under laws administered by the Veterans Administration for a disability rated 30 percent or more, or for a disability incurred or aggravated in the line of duty that resulted in your release or discharge.

Describe below the effect of your disability, if any, on your ability to perform the essential functions of the job for which you are applying. If the disability would limit your ability to perform the essential functions of the job, or create a hazard to you others in connection with the performance of the job, please indicate any special methods, skills, or procedures that enable you to qualify and the therefore perform the essential functions of the job despite your disability, or any accommodations that you believe would enable you to perform the job properly and safely despite your disability.

I hereby certify that to the best of my knowledge the above information is correct.

Signature: _____

Date

Section C - To Be Completed By Persons Who are "Vietnam Era Veterans"

Please provide the necessary documentation to substantiate your Vietnam Era Service, including copies of any discharge papers.

You may also attach portions of your military record or describe skills from your military service which are relevant to the specific job qualifications required for the the position you are seeking.

I hereby certify that to the best of my knowledge the above information is correct.

Signature: _____

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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
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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.

ⁱ 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.