



## VOLUNTARY SELF-IDENTIFICATION FORM FOR JOB APPLICANTS

We are gathering the following information, not for employment decisions but for record keeping, in compliance with Federal regulations. This information will be kept separate from your employment application. Your response is strictly voluntary and will help in developing and monitoring our affirmative action program.

Information provided will be kept confidential, except that government officials investigating compliance will be informed. If you choose not to answer any of the questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required by Federal regulations to maintain race and gender information on the basis of visual observation or personal knowledge. **If you do NOT wish to furnish this information, please initial and date below.**

\_\_\_\_\_

Initials

\_\_\_\_\_

Date

**If you DO wish to furnish this information, please complete the questions below.**

Gender:       Male       Female

Ethnicity:    Are you Hispanic or Latino?       Yes       No

Race: If you answered "No" to the above question, please select one of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander  | <input type="checkbox"/> Other             |
| <input type="checkbox"/> American Indian or Alaskan Native |  |

## APPLICANT INVITATION TO SELF-IDENTITY VETERAN STATUS

Hodan Community Services is a Government subcontractor 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/subcontractors 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. These classifications are defined as follows:

- 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 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 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.
- 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 pursuant to Executive Order 12985.

As a Government subcontractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

**I identify as one or more of the classifications of protected veterans listed above**

**I am NOT a protected veteran**

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 Veterans' Readjustment Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) 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 (iii) 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.

Hodan Community Services is an equal opportunity employer with an affirmative action plan. Pursuant to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, it takes affirmative action to employ and advance in employment qualified veterans.

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.

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why am I receiving this form?

Hodan Community Services is a Federal subcontractor. We are required by Federal law to reach out to, recruit, and provide equal opportunity to qualified people who have disabilities. The Federal Government requires contractors and subcontractors to invite job applications, new hires, and employees to tell us whether they have, or have previously had, a disability. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices. Because a person who does not now have a disability may become disabled at a later time, we are required to invite our employees to self-identify each year.

Your submission of information is voluntary. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind. Employees may self-identify as having a disability on this form without fear of any penalty for not having self-identified as having a disability on a previous form.

Self-Identification of Disability

What is a disability?

A person has a disability if he or she has a physical or mental impairment or medical condition that substantially limits a major life activity, or has a history or record of such an impairment or medical condition.

Major life activities include, but are not limited to: seeing, hearing, eating, walking, standing, sitting, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and performing manual tasks. Major life activities also include the operation of major bodily functions such as: the immune system, skin, normal cell growth, bowel, bladder, neurological, circulatory, cardiovascular, endocrine, hemic (blood), lymphatic, and reproductive functions.

Please indicate below whether you have a disability:

YES, I HAVE A DISABILITY (or have previously had a disability)

NO, I DON'T WISH TO IDENTIFY AS HAVING A DISABILITY

Reasonable Accommodation

Federal law requires us to provide reasonable accommodation to qualified individuals with disabilities to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment, please let us know.

**EMPLOYMENT APPLICATION  
HODAN COMMUNITY SERVICES, INC.**

941 W. Fountain Street, Mineral Point, Wisconsin 53565  
Phone (608) 987-3336 Fax (608) 987-3082 E-mail www.hodancs.org

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

**NAME**

\_\_\_\_\_ Last First Middle

**HOME ADDRESS**

\_\_\_\_\_ Street City State/Zip Code

**TELEPHONE #**

**SOCIAL SECURITY NUMBER**

**\*DATE OF BIRTH (needed for background check)** \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY/HOURLY DESIRED
_____	_____	_____

ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
_____	_____

HAVE YOU EVER APPLIED TO THE HODAN COMMUNITY SERVICES BEFORE?	WHEN?
_____	_____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	Subjects Studied
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

**FORMER EMPLOYERS (List below last three employers, starting with last one first)**

Date/Month/Year From-To	Name and Address of Employer	Salary/ Hourly Wage	Position	Reason for Leaving

Please list any other special qualifications or volunteer services you have given which you consider important for this job?

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**REFERENCES Give the names of three persons not related to you, whom you have known at least one year.**

Name	Address	Phone No.	Business	Years Acquainted
1.				
2.				
3.				

In Case of  
Emergency Notify: \_\_\_\_\_  
Name Address Telephone

I certify that the facts contained in this application are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of the Hodan Community Services.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 1 year from the date below. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date