



Equal Opportunity Employment Data Form

The North Carolina School of Science and Mathematics (NCSSM) is an Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive campus community. Collection of the following information on gender, race/ethnicity, disability and veteran status is in compliance with Federal laws and regulations, executive orders, and applicable State laws and regulations.

The information that you submit will remain confidential and be used by NCSSM only for statistical and required reporting purposes.

Full Name: _____ Date of Hire: _____

Position Title: _____ Department: _____

Employment Type: SHRA EHRA
 Permanent Temporary

Gender (select one*): Male (he/him/his) Female (she/her/hers)

Additional gender identity/preferred pronoun information, if different from above: _____

RACE/ETHNICITY: Select only one:

Please check one description below corresponding to the ethnic group with which you identify.

Alaskan Native or Native American (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.*

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.*

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

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

Pacific Islander (Not Hispanic or Latino) *A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

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

Other/Two or more races (Not Hispanic or Latino)

* - As of January 2023, the Integrated HR/Payroll System used by the State of North Carolina requires either a Male or Female designation for all NC state agency employees. The North Carolina School of Science and Mathematics acknowledges and respects diverse, nonbinary gender expression and offers employees an opportunity to indicate their gender identity separately from what is required by the Integrated HR/Payroll System.

Invitation to Voluntarily Self-Identify Veteran Status

The North Carolina School of Science and Mathematics (NCSSM) is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. We ask that you please consider completing this Invitation to Voluntarily Self-Identify Veteran Status to help us fulfill our commitments to equal opportunity and affirmative action and to meet our obligations as a government contractor under 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). VEVRAA requires us to take affirmative action to employ and advance in employment protected veterans.

While NCSSM is required by VEVRAA to submit an annual report to the U.S. Department of Labor identifying the total number of employees who are "protected veterans" based on the categories listed below, submission of this information is voluntary on your part and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in a manner consistent with VEVRAA.

Military/Reservist Status

- Active
- Drilling Reservist
- Inactive Reservist
- Retired Reservist

Veteran Status

- Non-Veteran
- Separated
- Retired

National Guard Status

- Current member of the NC National Guard
- Former member of the NC National Guard with six years of National Guard creditable service

Protected Veteran Status

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 "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.

- | | |
|--|--|
| <input type="checkbox"/> I am a protected veteran (select all that apply): <ul style="list-style-type: none"><input type="checkbox"/> Special Disabled Veteran<input type="checkbox"/> Vietnam Era Veteran<input type="checkbox"/> Other Protected Veteran<input type="checkbox"/> Recently Separated Veteran<input type="checkbox"/> Disabled Veteran<input type="checkbox"/> Armed Forces Service Medal | <input type="checkbox"/> I am NOT a protected veteran
<input type="checkbox"/> I choose not to ID |
|--|--|

Military Spouse/Surviving Dependent Status (select all that apply)

- Spouse of active duty military service member of NC National Guard member
- Spouse of disabled veteran
- Surviving spouse or dependent of deceased veteran
- Surviving spouse or dependent of deceased NC National Guard member

Reasonable Accommodation Notice: If you are a disabled veteran and require a reasonable accommodation 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, please contact Human Resources at 919-416-2664 or hrstaff@ncssm.edu.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, 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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____