



**FRED HUTCH**  
CURES START HERE



## Equal Employment Opportunity / Affirmative Action Voluntary Self-Identification Information

Fred Hutch and Seattle Cancer Care Alliance are Equal Employment Opportunity and Affirmative Action employers. We seek, celebrate, and leverage diversity to support our mission and strengthen our culture of creativity, innovation, and lifesaving research and patient care. We support equal employment opportunity in hiring, development, and advancement for all qualified persons without regard to race, color, religion, age, sex, national origin, ancestry, physical or mental disability, veteran status, sexual orientation, gender identity, marital status, or any other protected status. We are required to compile the following information for statistical purposes in order to comply with federal regulations relating to Equal Employment Opportunity and Affirmative Action requirements. To comply with these requirements, we invite you to voluntarily self-identify your gender, ethnicity/race, veteran status, and disability status. Your answers will not be used against you in any way. Please know that the information obtained will be kept confidential and will only be used for government reporting purposes. When reported, data will not identify any specific individual.

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street
City
State
ZIP

Date: \_\_\_\_\_

**GENDER**                       **Female**                       **Male**

### ETHNICITY:

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

### RACE

- American Indian or Alaska Native** (not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** (not Hispanic or Latino): A person have 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** (not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or North America.
- Two or More Races** (not Hispanic or Latino): A person who identifies with two or more race categories named above.



## Voluntary Self-Identification of Veteran Status

Fred Hutch and Seattle Cancer Care Alliance are government contractors subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Job for Veterans Act 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment of (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:

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our applicants belonging to these categories. We request this information in order to measure the effectiveness of our outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please indicate:

- I am a protected veteran
  - Disabled Veteran** includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.
  - Recently Separated Veteran** includes 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.
  - Active Duty Wartime or Campaign Badge Veteran** includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.
  - Armed Forces Service Medal Veteran** includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985
- I am a veteran, but not a protected veteran
- I am not a veteran
- Decline to Answer

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.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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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.<sup>1</sup> 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

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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.

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<sup>1</sup> 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](http://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.