SF 4001-WCC (5-2014) Supersedes (3-2014) issue

Sandia National Laboratories
An Equal Opportunity Employer

Affirmative Action Program Form – Self Identification
Disabled, Protected Veterans, Race/Ethnicity and Gender

Note: This form is to be used only after an offer of employment has been extended, or at the request of current on-roll employees. For applicant Affirmative Action self-identification use Sandia's external website via the application process (http://www.sandia.gov).

Sandia's policy prohibits discrimination against any individual on the basis of race, gender, color, religion, national origin, ancestry, age, marital or family status, pregnancy, sexual orientation or gender identity, genetic information, serious medical condition, physical or mental disability, or covered veteran status. Sandia's policy of Equal Employment Opportunity (EEO) for all of its employees and applicants includes the commitment to full compliance with Title VII of the Civil Rights Act of 1964 and other applicable EEO laws and regulations. As a government contractor Sandia is required to take affirmative action to employ and advance in employment qualified women, minorities, protected veterans, and individuals with a disability. Sandia is firmly committed to the concept and practice of equal employment and affirmative action in all aspects of employment. Affirmative actions are the actions, policies, and procedures designed to achieve equal employment opportunity. The affirmative action obligation requires (1) thorough, systematic efforts to prevent discrimination from occurring or to detect it and eliminate it as promptly as possible; and (2) proactive recruitment and outreach measures.

If you believe you have been discriminated against, you may notify Sandia's EEO office, the Equal Employment Opportunity Commission, the Department of Labor Office of Federal Contract Compliance Programs, or other appropriate state or government agencies.

The information provided will be kept confidential and used only in accordance with federal regulations. Providing self-id details is voluntary and refusal to provide information will not subject you to any adverse treatment. You may inform us of your desire to self-identify under Sandia's Affirmative Action Program (AAP) at this time and/or at any time in the future.

Gender
☐ Female
☐ Male

Race/Ethnicity Data (you may mark only one box)		
☐ Hispanic or Latino ☐ White (Not Hispanic or Latino) ☐ American Indian or Alaskan Native (not Hispanic or Latino)	☐ Black or African American (not Hispanic or Latino) ☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) ☐ Asian (not Hispanic or Latino)	☐ Two or More Races (not Hispanic or Latino) ☐ I do not wish to identify Race/Ethnic data * *(Should you choose not to self-identify, a member of the Human Resources department will make a visual identification as per OFCCP regulations and mandatory federal reporting requirements.)*

Race/Ethnicity Definitions (race and ethnic designations used for federal recordkeeping and reporting requirements do not denote scientific definitions of anthropological origins):
Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
American Indian or Alaska Native (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
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 original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
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
Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races

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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires ____

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[i]. 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- 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	Employee ID#	Today's Date

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.

Are there any accommodations that would be helpful to you in performing your job? If you select 'yes', a job accommodation specialist will be contact you to discuss the accommodation.

☐ Yes, please contact me to discuss accommodations

☐ No

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[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.

INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

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 employees belonging to each "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed, please indicate by checking the appropriate box(s) below:

I belong to the following classifications of protected veterans (choose all that apply):

☐ Disabled Veteran
☐ Recently Separated Veteran **(enter date, mm/dd/yy _____ of most recent discharge/release date from U.S. active military service)**
☐ Active Wartime or Campaign Badge Veteran
☐ Armed Forces Service Medal Veteran
☐ I am a protected veteran, but I choose NOT to self-identify the classifications to which I belong
☐ I am NOT a protected veteran
☐ I choose NOT to identify

Protected veteran 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 or campaign badge veteran"** means a veteran who served 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.

Disabled Veteran Accommodations: If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make 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. This information will assist us in making reasonable accommodations for your disability.

Are there any accommodations that would be helpful to you in performing your job? *(If you select "yes", a job accommodation specialist will be contacting you to discuss the accommodation.)*

☐ Yes. If yes, please explain briefly _____

☐ No, I do not need a job accommodation

In addition to our affirmative action obligations under Section 4212, our company values all forms of military service. If you are not a protected veteran, but would like to disclose your status as a member of the Armed Forces, you may do so below. Are you currently serving, or have you served in the Armed Forces of the United States of America (including the Reserves and National Guard)?

☐ Yes	☐ No	☐ I prefer not to answer

_____ _____ _____

Your Name Employee ID# Today's Date

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 Era Veterans' Readjustment Assistance 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.
- Sandia 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, 38 U.S.C. 4212 (VEVRAA), as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified protected veterans. Sandia is firmly committed to the concept and practice of equal employment and affirmative action in all aspects of employment. Affirmative actions are the actions, policies, and procedures designed to achieve equal employment opportunity. The affirmative action obligation requires (1) thorough, systematic efforts to prevent discrimination from occurring or to detect it and eliminate it as promptly as possible; and (2) proactive recruitment and outreach measures.
- 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 1-800-4-USA-DOL.

On-roll employees -- Return to 1497 (NM) or MS 9904 (CA)

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