

Equal Employment Opportunity Form

As an equal employment opportunity and affirmative action employer, it is the policy of The University of Texas at Arlington to promote and ensure equal employment opportunity for all individuals without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identity, disability, or veteran status.

The University is committed to the Affirmative Action Program in compliance with all government requirements to ensure nondiscrimination. The UTA campus is accessible to persons with disabilities.

Personal Information

First Name _____

Middle Name _____

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email _____ Employee ID, *if applicable* _____

Voluntary Demographic Information

Gender _____ Race _____

Are you Hispanic or Latino? Yes No

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer 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). VEVRAA requires Government contracts to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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 dol.gov/agencies/ofccp.

Voluntary Self Identification of “Protected” Veteran Status

Do you wish to voluntarily self-identify as a “Protected” veteran? Yes No

Name _____ Date _____

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A "disabled veteran" is one of the following;
 - a. 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;
 - b. a person who was discharged or released from active duty because of a service-connected disability.
2. 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.
3. An "active duty wartime or 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.
4. 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.

Detailed Information About Your Federal Rights

Please review these materials for detailed information about your federal rights to equal employment opportunity.

- [“EEO is the Law” English poster](#)
- [“EEO is the Law” English poster supplement](#)
- ["EEO is the Law" Spanish poster](#)
- ["EEO is the Law" Spanish poster supplement](#)
- ["EEO is the Law" Screen Reader English poster](#)

Special Notice on Campus Safety

In compliance with the federal Student Right-to-Know and Campus Security Act, The University of Texas at Arlington publishes an annual Campus Security and Fire Safety Report (the “Report”) with specific information on campus crime statistics and campus security policies. It includes descriptions of campus crime prevention programs, procedures for reporting crimes on campus, and information about the number and frequency of crimes reported to the University Police Department, local law enforcement, Office of Student Life, Residence life, organization advisers, team coaches, and athletic directors over the last three years. It provides summaries of policies as they relate to sexual offenses, liquor law violations, and controlled substance offenses.

The Report includes crime statistics for the prior three calendar years. These statistics include crimes that occurred on campus, in non-campus properties owned or controlled by UTA and frequented by students, and on public property within or immediately adjacent to campus. It also includes information on fire statistics for campus residential properties for the prior three calendar years and current fire safety systems in these properties. In addition, the Report includes UTA policies related to the safety and security of our campus community.

Access the Report on the [UTA Police Department’s Public Information website](#).

Contact the [Office of Legal Affairs](#) or email campus_safety_report@uta.edu to request a paper copy of the Report.

Contact

Contact the Vice President of the Office of Talent, Culture and Inclusion with questions.

1225 W. Mitchell St., Suite 212
Box 19176, Arlington, TX 76019
817-272-5554
askhr@uta.edu

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want 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: