

(781) 275-9444 • Fax: (781) 275-6081 • www.divtecs.com

#### Memorandum

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Those Receiving Job Offers from Diversified Technologies, Inc.

From:

**Human Resources** 

Date:

March 28, 2014

Re:

Voluntary Self-Identification

Diversified Technologies, Inc. ("DTI") is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations, etc. In order to comply with these requirements, we invite each person who has received a job offer to voluntarily self-identify on the items listed below.

Submission of this information is voluntary. Refusal to provide it will not result in any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific person.

If you would like to respond, please check below as appropriate, then sign and return this document to DTI's Human Resources Department at the above address.

Print Name		Signature		Date	
<u> </u>	I have completed t	the attached Voluntar	ry Self-Identification of a Disability I	Form	
	I have completed t	the attached Protected	d Veterans Voluntary Self-Identificat	tion Form	
	Native American /	' Alaskan Native			
	Hispanic				
	Caucasian				
	Asian / Pacific Isla	ander			
	African American				
_	Female	☐ Male			

## Protected Veterans Voluntary Self-Identification Form (Post Offer) Page 1 of 2

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), which requires Government contractors 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:

- 1. 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
- 2. 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 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.

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.

### If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor 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. 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 specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

# Protected Veterans Voluntary Self-Identification Form (Post Offer) Page 2 of 2

	ONG TO THE FOLLOWING CLASS OSE ALL THAT APPLY):	IFICATIONS OF PROTECTED VETERANS	
[]	DISABLED VETERAN		
[]	RECENTLY SEPARATED VETER	RAN	
[]	ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN		
[]	ARMED FORCES SERVICE MED.	AL VETERAN	
[]	I am a protected veteran, but I chool I belong.	ose not to self-identify the classifications to which	
	I am NOT a protected veteran.		
we co specia custon	uld make that would enable you to pole equipment, changes in the physical narily performed, provision of perso	us if you tell us whether there are accommodations erform the essential functions of the job, including layout of the job, changes in the way the job is nal assistance services or other accommodations asonable accommodations for your disability.	
advers	se treatment. The information provided	and refusal to provide it will not subject you to any will be used only in ways that are not inconsistent and Assistance Act of 1974, as amended.	
may be regard and to and (iii	be informed regarding restrictions of ing necessary accommodations; (ii) fit the extent appropriate, if you have a ii) Government officials engaged in er- act Compliance Programs, or enforc	nfidential, except that (i) supervisors and managers in the work or duties of disabled veterans, and rest aid and safety personnel may be informed, when condition that might require emergency treatment aforcing laws administered by the Office of Federal and the Americans with Disabilities Act, may be	
religio withou recruit actions	on, gender, national origin, disability, out discrimination in all employment of its, hires, trains and promotes persons	st applicants or employees because of race, color or protected veteran status, and treats all employees lecisions during their employment. This company in all job titles, and ensures that all other personne to protected veteran status, and ensures that all job requirements.	
Signat	ure	Date	

# Voluntary Self-Identification of Disability Page 1 of 2

#### 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. 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.

Post-traumatic stress disorder (PTSD)

Impairments requiring the use of a wheelchair

Intellectual disability (previously called mental

Obsessive compulsive disorder

retardation

Bipolar disorder

Major depression

Missing limbs or

Multiple sclerosis (MS)

Partially missing limbs

#### Disabilities include, but are not limited to:

Cerebral palsy

Schizophrenia

HIV/AIDS

Muscular

Autism

Blindness

Deafness

Diabetes

**Epilepsy** 

Cancer

	dystrophy	
<u>Please</u>	se check one of the boxes below:	
[]	YES, I HAVE A DISABILITY (or previously h	ad a disability)
	NO, I DON'T HAVE A DISABILITY	
[]	I DO NOT WISH TO ANSWER	
Signat	ature Date	

#### Voluntary Self-Identification of Disability Page 2 of 2

#### 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.

Authority: 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.

#### Adapted from:

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017