



Voluntary Veteran Self-Identification Form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) which requires government contractors to take 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:
 - 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 on active duty in the U.S. military, ground, naval, or air service during a war, or 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 service 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

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. Your Form DD-214 may help you make this determination. 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. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA.

☐ **I identify as one or more of the classifications of protected Veterans Listed above**

☐ **I am not a protected Veteran**

☐ **I decline to disclose my protected Veterans status**

If you are a disabled Veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions for the position you hold. We consider requests for accommodation on a case-by-case basis.

Print Name: _____

Signature: _____

Date: _____