NOTE: This form is for post-offer information gathering purposes only and is not part of the application or hiring process.

SECTION 1: CLASSIFICATION

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

☐ Disabled Veteran
☐ Recently Separated Veteran
☐ Active Wartime or Campaign Badge Veteran
☐ Armed Forces Service Medal 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 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.

SECTION 2: VETERAN STATUS

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
☐ I am NOT a protected veteran.

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.

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.

SECTION 3: SIGNATURE

Employee’s Full Name: First M.I. Last
OSU Employee ID#

Email Address

Signature Date