

Veterans Post-Offer Self-Identification

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 classification	s of protected ve	terans (choos	e all that anniv)1.	
_	is of protected ve	teraris (crioos	е ан шасарыу) .	
Disabled Veteran				
Recently Separated Veteran				
Active Wartime or Campaign Badge Veteran				
Armed Forces Service Medal Veter	ran			
-	es belonging to ea	ch specified '	"protected veteran'	ne United States Department of Labor each year " category. If you believe you belong to any of the te box below.
SECTION 2: VETERAN STATUS				
I am a protected veteran, but I choo	ose not to self-ider	ntify the class	ifications to which I	l belong.
☐ I am NOT a protected veteran.				
the essential functions of the job, inclu	ding special equip	ment, change	es in the physical la	ations we could make that would enable you to perform yout of the job, changes in the way the job is customarily ormation will assist us in making reasonable
	-	-		any adverse treatment. The information provided stment Assistance Act of 1974, as amended.
or duties of disabled veterans, and reg appropriate, if you have a condition the by the Office of Federal Contract Com	arding necessary at might require en	accommodati nergency trea	ons; (ii) first aid and tment; and (iii) Gov	gers may be informed regarding restrictions on the work disafety personnel may be informed, when and to the extent rernment officials engaged in enforcing laws administered Disabilities Act, may be informed.
SECTION 3: SIGNATURE				
Employee's Full Name: First	M.I.	Last		OSU Employee ID#
Email Address				
Signature			Date	