

EEO-1 Self-Identification Form
Responses are used to complete the Department of Labor EEO Reporting

Hawkins Delafield & Wood is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self- identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable 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, data will not identify and specific individual.

As government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.

Thank you for your participation!

Name: _____ Date: _____

Gender: _____ Male _____ Female

RACE/ETHNICITY: Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.

_____ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American**

A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ I do not wish to self-identify

VETERAN STATUS:

_____ I am Not a Veteran*

_____ Yes, I am a Veteran*

DISABILITY: Do you have a Disability? _____ Yes _____ No

Voluntary Self-Identification of Disability

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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:

Invitation for Voluntary Inclusion in the Affirmative Action Program for Qualified Veterans

It is the policy of Hawkins, Delafield & Wood LLP (“Hawkins”) to recruit, select and employ recently separated veterans, armed forces service medal veterans, disabled veterans, and any other protected veterans who served on active duty 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. Hawkins complies with Section 4212 of the Vietnam Era Veterans’ Readjustment Assistance Act of 1974.

As a federal government contractor, and in accordance with these laws, Hawkins is required and has developed affirmative action programs to employ and advance in employment recently separated veterans, armed forces service medal veterans, disabled veterans, and other protected veterans. If you are a recently separated veteran, an armed forces service medal veteran, a disabled veteran, or other protected veteran and would like to be considered under our affirmative action programs, please complete the sections below. Appropriate definitions of these terms are provided below for your convenience.

If you are a disabled veteran, you may choose to tell us about (1) any special methods, skills, and procedures which qualify you for positions within Hawkins so that you can be considered for any positions of that kind, and (2) the reasonable accommodations which we could make which would enable you to perform the job properly and safely, including special equipment or other accommodations.

Providing this information is voluntary. Refusal to provide this information will not subject any individual to adverse treatment by Hawkins. The information provided will be kept in strict confidence, except that (a) necessary management and supervisory personnel may be informed in order to ensure proper placement and to provide reasonable job accommodations, (b) first aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment, and (c) government officials investigating affirmative action program compliance may be informed pursuant to the above cited laws and the Americans with Disabilities Act.

We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we make pursuant to the above cited laws. If you believe you belong to any of the categories of protected veterans listed on the following page, please indicate by checking the appropriate box below.

For post-offer applicants: if you choose not to self-identify at this time, you may do so at any time during your employment.

I identify as one or more of the classifications of protected veteran listed below.

I am not a protected veteran.

I choose not to self-identify.

Name _____

Position(s) applied for _____

Date _____

The classifications of protected veteran are defined as follows:

A “recently separated veteran” is defined as a 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 “Armed Forces service medal veteran” is defined as 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 an Armed Forces service medal was awarded pursuant to Executive Order 12985.

An “active duty wartime or campaign badge veteran” is defined as 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.

A “disabled veteran” is defined to be 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.