

# Voluntary Self-Identification of Disability

Form CC-305  
0005  
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OMB Control Number 1250-  
Expires 04/30/2026

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_

(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](http://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

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

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,