

## Invitation to Voluntarily Self-Identify Status as a Person with Disability (OFCCP Form CC-305)

### Overview:

In order to notify applicants and employees of the existence of and the opportunity to participate in this affirmative action program, the City of Portland (City) invites applicants and employees to self-identify status as a person with disability.

The City will provide employees a copy of the “Invitation to Voluntary Self-Identify Form” (**Form CC-305**), the same time the City invites the employees to self-identify protected veteran status, ethnicity, race and gender. Form CC-305 is available in paper format and online. The City posts Form CC-305 on the Bureau of Human Resources, Forms Library site under Employment Forms/Hiring Forms at <https://www.portlandoregon.gov/bhr/60065>. The link to the online form is [http://www.portlandoregon.gov/bhr/SelfID\\_Disability](http://www.portlandoregon.gov/bhr/SelfID_Disability).

Your answer will:

1. be kept confidential;
2. provide equal opportunity in selecting, testing, and [hiring](#) qualified applicants with disabilities;
3. provide only aggregate data with no identifiable information to allow the City to measure and improve, if necessary, the effectiveness of the City’s affirmative action efforts;
4. help with the development and implementation of a citywide strategic plan to enable the City to become a Model Employer for people with disabilities.

Recognizing that an employee’s status regarding disability may change over time and/or that an employee may feel more comfortable disclosing an existing disability after being employed for a period of time, the City also makes available the form to all employees at least once every five years.

In addition, during the five-year intervals between workplace surveys, the City will send a written reminder to employees that they may voluntarily update their disability status.

### Instructions for submitting Form CC-305:

Please see **Form CC-305** on the following pages or go online for the electronic form if you would like to participate.

1. If you fill out the paper format of FORM CC-305, please submit the form via interoffice mail in a sealed envelope marked **CONFIDENTIAL** to:

**BHR at 106/404, Attention: Snow Buchanan, Senior Affirmative Action/Diversity Analyst.**

*Please **DO NOT** submit the form to a manager, supervisor or the bureau’s Operating Bureau Personnel Administrator (OBPA).*

2. If you would like to submit electronically, [click here](#), fill the online form and click the submit button at the end of the survey.

**The voluntary self-identification Form CC-305 is an OMB-approved form and, as such, its content cannot be altered or changed.**

**Thank you for taking time to provide valuable input.**

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name (Please **PRINT**)

\_\_\_\_\_  
Today's Date

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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

**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.