

## Invitation to Voluntarily Self-Identify as a Person with a Disability

### OFCCP Form CC-305

The City of Portland invites applicants and employees to self-identify their disability status.

#### Your response will:

1. be kept confidential;
2. promote equal opportunity in selecting, testing, and hiring qualified applicants with disabilities;
3. provide only aggregate data with no identifiable individual information to allow the City to measure and improve the effectiveness of the City's affirmative action efforts;
4. support the City's strategic plan to become a Model Employer for people with disabilities.

Aside from the time of application and/or hire, the City also makes Form CC-305 available to all employees at least once every five years. The City also sends a periodic written reminder to employees that they may voluntarily update their disability status.

### Instructions for Submitting Form CC-305

Form CC-305 is available in paper format and online.

Note that Form CC-305 has been approved by the federal Office of Management and Budget (OMB).  
**It cannot be altered or changed.**

#### If completing a PAPER form

Your hiring manager, supervisor or Operating Bureau Personnel Administrator (OBPA) can provide you with a paper form at any time.

You can also find a printable PDF form on the Bureau of Human Resources' website at <https://www.portlandoregon.gov/bhr/60065>

1. If you would like to self-identify, mark one of the available options. Sign and date the form.
2. Mail the form via interoffice mail in a sealed envelope marked **CONFIDENTIAL** to:

**BHR at 122/550, Attention: Anais Keenon**

To maintain confidentiality, please **do NOT** submit the paper form to your manager, supervisor or the bureau's Operating Bureau Personnel Administrator (OBPA).

#### If completing an ONLINE form

1. Visit [http://www.portlandoregon.gov/bhr/SelfID\\_Disability](http://www.portlandoregon.gov/bhr/SelfID_Disability)
2. Click the "Submit" button when you are done.

**Thank you for your valuable input.**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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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Page 2 of 2

### 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.