

# SELF-IDENTIFICATION FORM

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**Bloodworks Northwest** is an equal opportunity/affirmative action employer committed to diversity in the workplace. As a federal contractor/subcontractor, we are required to collect the following information for statistical reporting purposes. Your cooperation in providing the information is strictly voluntary. The information you provide will be kept confidential, except as required in conjunction with federal regulations, and completely separate from your application for employment, and will have no adverse consequence regarding employment decisions, nor result in any adverse treatment.

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**I primarily self identify with the following group:**

Please mark the applicable group (defined by Governmental terms):

\_\_\_\_\_ **HISPANIC or LATINO**

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

\_\_\_\_\_ **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 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 maintain tribal affiliation or community attachment.

\_\_\_\_\_ **WHITE**

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

\_\_\_\_\_ **TWO or MORE RACES**

All persons who identify with more than one of the above groups.

As a federal contractor / subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (including 38 U.S.C. 4212), we are committed to take affirmative action to employ and advance in employment protected veterans, which are defined under the following classifications:

**DISABLED VETERAN** – 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 is discharged or released from active duty because of a service-connected disability.

**ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN** – 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. \*Web-link to Campaign Badges: <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9>

**RECENTLY SEPARATED VETERAN** – Any 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.

**ARMED FORCES SERVICE MEDAL VETERAN** – Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. \*Web-link to Armed Forces Service

Medal: <http://www.tioh.hqda.pentagon.mil/Catalog/Heraldry.aspx?HeraldryId=15315&CategoryId=4&grp=4&menu=Decorations%20and%20Medals&ps=24&p=0>

If you are a member of any of the protected veterans classifications listed above, please indicate by marking the appropriate generic response below; this information will not be used in a manner inconsistent with VEVRAA, as amended.

\_\_\_\_\_ I IDENTIFY AS ONE OR MORE OF THE PROTECTED VETERAN CLASSIFICATIONS LISTED ABOVE

\_\_\_\_\_ I AM A VETERAN, BUT NOT UNDER THE PROTECTED CLASSIFICATIONS LISTED ABOVE

\_\_\_\_\_ I AM NOT A VETERAN

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Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

**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.

<sup>1</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.

**I understand all information provided herein will be kept confidential, except as required in conjunction with federal regulations.**

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

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



921 Terry Avenue, Seattle, WA 98104  
(206) 292-6500 www.bloodworksnw.org  
An Affirmative Action/Equal Opportunity Employer

## COMMERCIAL DRIVER APPLICATION

Only for those applying for positions requiring Commercial Drivers License  
Submit with Application for Employment

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

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Prior Addresses for past three years (attach additional page if necessary):

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

Information on valid commercial driver's license:

State issued: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List prior employers for past three years where you were subject to Federal Motor Carrier Safety Regulations and if the job required alcohol and drug testing requirements as defined by 49 CFR part 40:

Employer name	Did job require alcohol and drug testing requirements as defined by 49 CFR part 40?	
	Yes	No
	Yes	No
	Yes	No
	Yes	No

Information on vehicle experience (attach additional page if necessary):

Type of vehicle	Extent of experience

List all motor vehicle accidents in which you were involved over last three years (attach additional page if necessary):

Date of accident	Description and location

If no accidents, please initial here: \_\_\_\_\_

List all on violations of motor vehicle laws and ordinances in which you were convicted or forfeited bond or collateral over last three years (attach additional page if necessary):

Date	Description and location

If no violations, please initial here: \_\_\_\_\_

Please provide information detailing facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle issued to you. If none, please state below that no such denial, revocation or suspension has occurred.

If no such circumstances described above, please initial here: \_\_\_\_\_

I certify that all my statements on this application are true, accurate and complete. I understand and agree that any misrepresentation or omission by me in this application (and in my resume if provided) will result in the cancellation and rejection of this application or termination of my employment regardless of when discovered. I understand that any employment relationship will at all times be considered "at will", that is, terminable at the will of either Bloodworks Northwest or me, with or without notice or cause. I acknowledge that any statements, representations or promises to the contrary are not authorized or enforceable unless in a written employment agreement signed by an authorized officer of Bloodworks Northwest.

I authorize the release of all driving records and driving information. To my former employers and schools, please furnish Bloodworks Northwest or its representative(s) with any and all information requested. I release all mentioned above from any liability of any nature whatsoever, that may arise from providing such information to Bloodworks Northwest or its representative(s).

I further consent to the disclosure of any and all information about me contained in private and government files or information obtained through an investigative agency relevant to this CDL application for employment or relating to my present and former employment history, and I request all former employers and federal, state and local government agencies to supply said information to Bloodworks Northwest or its representative(s).

I understand that I may be subject to a criminal background check if I am deemed qualified for the position. I may be denied employment for legitimate business reasons based upon that criminal check.

I hereby acknowledge that I have read and understand the foregoing document. Under penalty of perjury, I certify that the information that I have provided Bloodworks Northwest hereon and throughout the hiring process is complete, truthful and accurate.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Qualified applicants are considered for employment without regard to race, age, religion, color, sex, sexual orientation, national origin, the presence of any sensory, physical or mental disability, gender identity, genetic information, political ideology, marital status, military status, or any other legally protected class.

Reviewed by: \_\_\_\_\_

MVR reviewed by: \_\_\_\_\_

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