

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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. orond e2.3 omTJ0

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,
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- 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.

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:

Job Title: _____ Date of Hire: _____