

INVITATION TO SELF IDENTIFY

Special Disabled Veterans, Vietnam Era Veterans, Persons with Disabilities

John Carroll University is a government contractor subject to the Vietnam Veterans' Readjustment Assistance Act of 1974, as amended and Section 503 of the Rehabilitation Act of 1973, as amended. These federal laws require JCU to take affirmative actions to employ and advance in employment special disabled veterans, Vietnam era veterans and qualified persons with disabilities.

Vietnam era Veteran

A veteran, any part of whose active military, naval or air service, was during the period August 5, 1964 through May 7, 1975 who-

- A. Served on active duty for a period of more than 180 days and was discharged or released from active duty with other than a dishonorable discharge, or
- B. Was discharged or released from active duty because of a service connected disability.

Special Disable Veteran

- A. Veteran 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 Department of Veteran Affairs for a disability
 - i. Rated at 30% or more, or
 - ii. Rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap or
- B. A person who was discharged or released from active duty because of a service connected disability.

Person with a Disability

Any person who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such impairment.

If you are a special disabled veteran, a Vietnam era veteran, or a person with a disability and would like to be considered under the University's affirmative action program, please complete the form below and return it to <u>Ryan Armsworthy</u>, <u>Human</u> <u>Resources</u>, <u>Services Coordinator</u>, <u>Rodman Hall</u>, <u>Ground Level Ext. 1576</u>. Faculty may return their forms to the office of the <u>Academic Vice President</u>, <u>Administration Building</u>, <u>First Floor</u>, <u>ext. 4207</u>. You man inform JCU of your desire to benefit under the affirmative action program now and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about a disability is kept confidential, except that (1) we may inform supervisors and managers about restrictions on work duties of disabled individuals and of any reasonable accommodations; (2) we may advise safety and first aid personnel, when appropriate, should the disability require emergency treatment; and (3) government personnel will be informed when investigating compliance with the University's obligations under law. Information will be used only in ways not inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended or the Rehabilitation Act of 1973, as amended.

If you are a special disabled veteran, a Vietnam veteran or a person with a disability, we would like to include you under the University's affirmative action program. If you are a disabled veteran or a person with a disability, it would help us if you would tell us about any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for positions of that kind. Also, we would like your input as to the types of accommodations which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties in the job, types of assistance which could be provided or other accommodations.

I would like to be included in John Carroll University's Affirmative Action Program. I have checked the section below under which I believe I qualify for JCU's program.

Vietnam Era Veteran	Special Disabled Veteran	Person with a Disability*

Name: (Please print your name) ___ Date:

*If you believe you qualify because of a disability, please attach an explanation of the disability.