



**EEO VOLUNTARY SELF-IDENTIFICATION**  
*Please Read Instructions Carefully Before Completing this Form*

Your Name:	Last Four Digits of SS#:	Today's Date:
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**Anti-Discrimination Notice:** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

Cheiron, Inc. is an Equal Employment Opportunity (EEO) employer that is fully committed to providing equal employment opportunities. Cheiron recruits, hires, trains, and promotes qualified individuals in all job titles without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, marital status, genetic information, status as a protected veteran, or status as an individual with a disability, and does not discriminate against or harass any individual on the basis of any such characteristics. Cheiron bases all employment decisions only on valid job requirements. Cheiron's EEO policy and Affirmative Action Plan have the full support of the Company, including its President and CEO.

Cheiron adheres to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which require the company to invite applicants to self-identify voluntarily their race/ethnicity, gender, disability, and veteran status.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to federal or state governments for civil rights enforcement purposes. Individuals have the right to review their own records in accordance with Cheiron's personnel policies. Information on applicable policies and agreements can be obtained from Cheiron's Human Resources Department (HR), which is responsible for maintaining the information supplied on this form.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Cheiron to determine this information about you by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The federal government has established the definitions for each category.

**Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment or penalty.**

<b><u>RACE OR ETHNICITY</u></b>	
<i>Please check one of the descriptions below corresponding to the ethnic group with which you identify</i>	
<input type="checkbox"/>	<b>AMERICAN INDIAN or ALASKAN NATIVE (not Hispanic or Latino)</b> <ul style="list-style-type: none"> <li>Persons having origins in any of the original peoples of North and South America, (including Central America) and who maintains tribal affiliation or community attachment.</li> </ul>
<input type="checkbox"/>	<b>ASIAN (not Hispanic or Latino)</b> <ul style="list-style-type: none"> <li>Chinese/Chinese-American: Persons having origins in any of the original peoples of China</li> <li>Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands</li> <li>Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan)</li> <li>Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia</li> </ul>
<input type="checkbox"/>	<b>BLACK OR AFRICAN-AMERICAN (not Hispanic or Latino)</b> <ul style="list-style-type: none"> <li>Persons having origins in any of the black racial groups of Africa</li> </ul>
<input type="checkbox"/>	<b>HISPANIC or LATINO (including Black individuals whose origins are Hispanic)</b> <ul style="list-style-type: none"> <li>Mexican/Mexican-American/Chicano: Persons of Mexican culture or origin, regardless of race</li> <li>Latin-American/Latino: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race</li> <li>Persons of other Spanish culture or origin, not included in any of the Hispanic categories listed above</li> </ul>
<input type="checkbox"/>	<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (not Hispanic or Latino)</b> <ul style="list-style-type: none"> <li>Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</li> </ul>

*If you should have any questions regarding this form, please contact Cheiron's Human Resources.*



<input type="checkbox"/> <b>TWO OR MORE RACES/ETHNICITIES (not Hispanic or Latino)</b>
<ul style="list-style-type: none"> <li>• Non-Hispanic, Non-Latino persons who identify with more than one of the above races/ethnicities</li> </ul>
<input type="checkbox"/> <b>WHITE (not Hispanic or Latino)</b>
<ul style="list-style-type: none"> <li>• Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East</li> </ul>
<b>CHOOSE TO NOT SELF-IDENTIFY RACE OR ETHNICITY</b>
<input type="checkbox"/> <b>I do not wish to identify race or ethnicity.</b>
<b><u>GENDER</u></b>
<i>Please check the appropriate box below</i>
<input type="checkbox"/> <b>MALE</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>FEMALE</b></span>
<b>CHOOSE TO NOT SELF-IDENTIFY GENDER</b>
<input type="checkbox"/> <b>I do not wish to self-identify gender.</b>
<b><u>VETERAN STATUS</u></b>
<i>Please check the appropriate box below</i>
<input type="checkbox"/> <b>NOT A VETERAN</b>
<input type="checkbox"/> <b>VIETNAM-ERA VETERAN:</b> A Vietnam-Era Veteran means a person who:
<ul style="list-style-type: none"> <li>• Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases;</li> <li>or</li> <li>• Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975.</li> </ul>
<input type="checkbox"/> <b>ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN:</b> An active duty wartime or campaign badge veteran means:
<ul style="list-style-type: none"> <li>• 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..</li> </ul>
<input type="checkbox"/> <b>ARMED FORCES SERVICE MEDAL VETERAN:</b> An Armed Forces service medal veteran means:
<ul style="list-style-type: none"> <li>• A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.</li> </ul>
<input type="checkbox"/> <b>DISABLED VETERAN:</b> A disabled veteran means:
<ul style="list-style-type: none"> <li>• 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;</li> <li>or</li> <li>• A person who was discharged or released from active duty because of a service-connected disability.</li> </ul>
<input type="checkbox"/> <b>RECENTLY SEPARATED VETERAN:</b> A recently separated veteran means:
<ul style="list-style-type: none"> <li>• Any veteran during the three-year period beginning on date of such veteran's discharge or release from active duty in the U. S. military, ground, naval or air service. Separation date: _____ month / day / year</li> </ul>
<b>CHOOSE TO NOT SELF-IDENTIFY VETERAN STATUS</b>
<input type="checkbox"/> <b>I do not wish to self-identify veteran status.</b>

*If you should have any questions regarding this form, please contact Cheiron's Human Resources.  
THANK YOU FOR COMPLETING THIS FORM.*

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_