



**GOVERNMENT REPORTING FORM FOR INDIVIDUALS WITH DISABILITIES & COVERED VETERANS**

**FOR FEDERAL REPORTING PURPOSES ONLY**

*Completion of this form is voluntary and the information will be kept confidential*

If you are a disabled veteran, a covered veteran or a disabled individual, we would like to include you under our Equal Employment Opportunity/Affirmative Action (EEO/AA) program. You may voluntarily self-identify yourself as eligible to benefit under the Olympus Affirmative Action Plan immediately and/or at any time in the future. If you choose not to answer any questions, you will not be subject to adverse treatment.

We are gathering this following information, not for employment decisions, but for recordkeeping in compliance with Federal regulations. This information will be kept separate from your personnel records. Your responses are strictly voluntary and will help in developing and monitoring the EEO/AA program.

Information provided will be kept confidential except that (1) supervisors and managers may be informed regarding work restrictions of special disabled veterans and disabled individuals, and regarding necessary accommodations; (2) first aid safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance will be informed.

The Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA) and the Jobs for Veterans Act of 2003 (JFVA) require Government contractors and subcontractors to take affirmative action to employ and to advance the employment of qualified disabled veterans, Vietnam era veterans, recently separated veterans and other protected veterans. The Rehabilitation Act of 1973 requires Government contractors and subcontractors to take affirmative action to employ and to advance the employment of qualified, disabled individuals.

Olympus supports equal opportunity/affirmative action in all aspects of employment including, but not limited to: applications, promotions, trainings and retention. Olympus establishes and monitors affirmative action goals and takes measures throughout the year to advance these goals and to insure equal employment opportunity for all.

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_, ext. \_\_\_\_\_

**RECENTLY SEPARATED VETERAN:** A recently separated veteran includes veterans during the three-year period beginning on the date of their discharge or release from active duty. Are you a recently separated veteran?  Yes  No

**ARMED FORCES SERVICE MEDAL VETERAN:** Armed Forces Service Medal Veteran means 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 12985 (61 Fed. Reg. 1209). Are you an armed forces service medal veteran?  Yes  No

**CAMPAIGN VETERAN:** A campaign veteran is 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. Are you a campaign veteran?  Yes  No

**DISABLED VETERAN:** A disabled veteran means (1) are entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) were discharged or released from active duty because of a service-connected disability. Are you a disabled veteran?  Yes  No

**If you have self-identified as a veteran, please provide discharge date:** \_\_\_\_\_  
(mm/dd/yyyy)

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**DISABLED INDIVIDUAL:** A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Are you a disabled individual?  Yes  No

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position?  
 Yes  No

If YES, please explain: \_\_\_\_\_

Are there any accommodations we could make that would enable you to perform the job properly and safely?  Yes  No

If YES, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)