

Area Housing Authority  of the County of Ventura
Voluntary Applicant Invitation to Self-Identify

Name: _____ Date: _____

Position applied for:

Gender: Female Male Non-binary

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race, gender and veteran status of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity. *This information will not accompany your application to prospective supervisors. Contact Human Resources at 805.480.9991, ext 840 if you have any questions.*

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

(1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. (See definitions below.)

CHECK ONE:

- I identify as one or more of the numbered classifications of protected veterans above.
 I am not a protected veteran.

Veteran of the Vietnam-Era - Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, 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, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service 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, in any other location.

Special Disabled Veteran - Means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran - Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This rule prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans. We are equal employment opportunity employers of individuals with disabilities.

*Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire.
(CONFIDENTIAL - FOR STATISTICAL USE ONLY This document will not be stored with your application.)*

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Position applied for: _____

Sex: ___ Female ___ Male

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

Ethnic Category (as defined by the U.S. Equal Employment Opportunity Commission)

Hispanic or Latino

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

White (Not Hispanic or Latino)

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

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

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 (Not Hispanic or Latino)

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.

Two or More Races (Not Hispanic or Latino)

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

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). *We are an equal employment opportunity of individuals with disabilities.*

Please complete the separate 'Voluntary Self-Identification of Disability form CC-305'.

*Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire.
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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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.¹ 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

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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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.

ⁱ 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.

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.

**RESIDENT EMPLOYMENT OPPORTUNITY DATA
AREA HOUSING AUTHORITY OF THE COUNTY OF VENTURA**

ELIGIBILITY FOR PREFERENCE CERTIFICATION FORM

General Information

All residents of public housing developments of the Area Housing Authority of the County of Ventura [AHA] qualify as Section 3 residents. Additionally, individuals residing in the County of Ventura who meet the income limits set forth below also qualify for Section 3 status.
A picture identification card and proof of current residency is required upon hire.

Area Housing Authority Income Eligibility Guideline – Effective June 1, 2017

| Number in Household | Extremely Low Income 30% of median | Very Low Income 50% of median | Low Income 80% of median |
|---------------------|---------------------------------------|----------------------------------|-----------------------------|
| 1 individual | \$21,000 | \$35,000 | \$55,950 |
| 2 individuals | \$24,000 | \$40,000 | \$63,950 |
| 3 individuals | \$27,000 | \$45,000 | \$71,950 |
| 4 individuals | \$29,950 | \$49,950 | \$79,950 |
| 5 individuals | \$32,350 | \$53,950 | \$86,300 |
| 6 individuals | \$34,750 | \$57,950 | \$92,700 |
| 7 individuals | \$37,150 | \$61,950 | \$99,100 |
| 8 individuals | \$41,320 | \$65,950 | \$105,500 |

Complete the section(s) below as appropriate for your circumstances.

PRINT Your Name: _____

- I do NOT** meet the income eligibility requirements to qualify for Section 3 Preference in training and employment based on the income eligibility guidelines above.
- I DO** meet the income eligibility requirements to qualify for Section 3 Preference in training and employment based on the income eligibility guidelines above.

All applicants: Check one of the boxes above.

Complete the section below only if you currently reside in an AHA apartment.

Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of the

_____ Apartment Complex. My permanent address is:

_____, CA, _____
Street Address, City Zip code

Signature Date Signed

A Section 3 Resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5. (Examples of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)