

Invitation to Self-Identify Gender, Race and Ethnicity

The University of California strives to create an inclusive environment for all constituents. As part of this effort, it is important to understand the demographic profile of the entire UC Community. The questions below are voluntary, but sharing this information will provide important and meaningful data regarding the diversity of our employees. For additional questions you may have, please see our FAQ (/downloads/demographic_survey_faq.pdf). Your responses will be kept confidential.

What is your gender identity?

- Woman**
- Transgender Woman/Trans Woman**
- Man**
- Transgender Man/Trans Man**
- Nonbinary**
- Different Identity**
- Decline to State**

Do you consider yourself to be:

- Asexual**
- Bisexual**
- Gay**
- Heterosexual or Straight**
- Lesbian**
- Not listed above**
- Decline to State**

Are you Hispanic or Latino?

YES, I am Hispanic or Latino

Mexican/Mexican American/Chicano

A person of Mexican culture or origin regardless of race.

Latin American/Latino

A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

Other Spanish/Spanish American

A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

NO, I am not Hispanic or Latino

Decline to state

In addition, select one or more of the following racial categories that best describe you, if applicable.

AMERICAN INDIAN OR ALASKA NATIVE

A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

ASIAN

Chinese/Chinese American

A person having origins in any of the original peoples of China.

Filipino/Pilipino

A person having origins in any of the original peoples of the Philippine Islands.

Japanese/Japanese American

A person having origins in any of the original peoples of Japan.

Korean/Korean American

A person having origins in any of the original peoples of Korea.

Pakistani/East Indian

A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

Vietnamese/Vietnamese American

A person having origins in any of the original peoples of Vietnam.

Other Asian

A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).

BLACK OR AFRICAN AMERICAN

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

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

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

WHITE

European

A person having origins in any of the original peoples of Europe.

Middle Eastern

A person having origins in any of the original peoples of the Middle East.

North African

A person having origins in any of the original peoples of North Africa.

White (not specified)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

Decline to state

Invitation to Self-Identify Veteran Status

The University of California 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, (4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans.

> [View list of veteran classifications](#)

Do you believe you belong to any of the categories of protected veterans listed above?

Yes, I identify as one or more of the classifications of protected veteran listed above

No, I am not a protected veteran

I don't wish to answer

> More information about veteran information submission

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

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Expires 04/30/2026

Name:

Date:

Employee ID:
(if applicable)

Why are you being asked to complete this form?

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.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp (<https://www.dol.gov/ofccp>).

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia,

- disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- 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
- dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- 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.