

## **DISABLED AND VETERANS INFORMATION FORM**

Southeastern Public Service Authority (SPSA) is subject to Section 503 of the Rehabilitation Act of 1973, which requires certain employers to take affirmative action to employ and advance in employment qualified disabled individuals, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires us to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. A “disabled individual” is one who either has a physical or mental impairment that 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. A “disabled veteran” is a veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. A “veteran of the Vietnam Era” means a person is (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

A qualified disabled individual or qualified disabled veteran is an individual who is capable of performing the essential functions of a particular job with or without reasonable accommodations to his or her disability.

You are invited to complete the following information if you consider yourself to be a disabled individual or a disabled veteran and would like to be covered under SPSA’s Affirmative Action Program. Submission of this information is voluntary, and refusal to provide it will not subject you to discharge or disciplinary treatment.

The information will be kept confidential, except that your signature on this form constitutes your agreement to permit the release of this information and other medical information regarding your disability (1) to supervisors and managers for the purpose of informing them regarding restrictions on the work or duties of disabled individuals or disabled veterans, or the necessary accommodations for such individuals, (2) to first aid and safety personnel, when and to the extent appropriate, if the disability might require emergency treatment, and (3) to government officials investigating compliance with the Rehabilitation Act of 1973 or the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Term of Military Service: \_\_\_\_\_

Current Job: \_\_\_\_\_

Describe your disability:

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If you claim to be a disabled veteran, can you provide documentation of your entitlement to benefits under laws administered by the Veteran Administration for a disability rated at 30 percent or more, or for a disability incurred or aggravated in the line of duty which resulted in your release or discharge (Yes/No)? \_\_\_\_\_

If yes, attach a copy of the documentation.

Describe below the effects of your disability, if any, upon your ability to perform the essential functions of the job or training opportunity you are seeking. If the disability limits your ability to perform the essential functions of the job, indicate any methods, skills, or procedures that enable you to qualify despite your disability, or any accommodations that you believe would enable you to perform the essential functions of the job or receive the requested training properly and safely despite your disability.

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I hereby certify that to the best of my knowledge the above stated information is correct.

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Signature

Date