



Position Applied For: _____ Today's Date: _____

Personal Information

LAST NAME		FIRST NAME	MIDDLE INITIAL
Current ADDRESS (Number, Street, City, State, ZIP)			
Prior ADDRESS (Number, Street, City, State, ZIP)			
Home Phone ()	Work Phone ()	REFERRED BY	

Are you at least 18 years of age? Yes / No (Circle One) Have you ever worked for Legacy Bank before? Yes / No (Circle One)
 Are you legally eligible to work in the United States? Yes / No (Circle One)
 Are you related to anyone currently working for the Bank? Yes / No (Circle One)
 If yes, who? _____

Availability

- What date can you start? _____
- Desired type of employment: Full-Time / Part-Time / Temporary (Circle One or More)
- For which schedules are you available? Weekdays / Weekends / Evenings / Nights / Overtime / Other (Circle One or More)

Professional Licenses and Certifications (please complete if required for the position you are applying for)

- Do you hold any professional licenses or certifications? Yes / No (Circle One)
 Name of license(s)/certification(s) _____
 License/certification number(s): _____ Issuing State: _____
- Has your license/certification ever been revoked or suspended? Yes / No (Circle One)
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:

References (Include only individuals familiar with your work ability. Do not include relatives or supervisors listed under "Employment History")

Name	Address/Phone	Years Known/Relationship
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Education (Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+)

If your school records are under a different name than that listed above, please enter that name: _____

Name	City/State	Graduated	Degree Type
High School _____	_____	Yes / No (Circle One)	_____
College _____	_____	Yes / No (Circle One)	_____
Other _____	_____	Yes / No (Circle One)	_____

Driver's License Information

If the job requires, do you have a valid driver's license? Yes / No (Circle One)
 Name on License _____ DL# _____ Type _____ State _____

Criminal History

Have you ever been convicted of, pled guilty or "no contest" to a felony? **Do not include convictions that were sealed, erased, annulled or expunged due to a court order.** Yes / No (Circle One)

If yes, describe the offense, date, court and place where the conviction occurred :

Are you currently awaiting trial for any criminal offense? Yes / No (Circle One)

If yes, please explain:

Note: This information does not necessarily prohibit employment with our organization. This information is only for job-related purposes and used only to the extent permitted by applicable state and federal law. Factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be considered.

Employment History (List present or most recent position first. Include any military employment and volunteer work. Please explain any gaps in employment, including self-employed.) Your application may not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.** FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

Most Recent Employer

Company Name:	Are you currently working for this employer? Yes / No (Circle One) City and State:	Phone # Fax #
Position Title:	Beginning and Ending Dates of Employment:	
Duties Performed:		
Name and position of your supervisor	May we contact? Yes / No (Circle One)	Salary \$ _____ per Hour / Week / Month (Circle One)
Reason for leaving		

Second Most Recent Employer

Company Name:	Are you currently working for this employer? Yes / No (Circle One) City and State:	Phone # Fax #
Position Title:	Beginning and Ending Dates of Employment:	
Duties Performed:		
Name and position of your supervisor	May we contact? Yes / No (Circle One)	Salary \$ _____ per Hour / Week / Month (Circle One)
Reason for leaving		

Third Most Recent Employer		
Company Name:	Are you currently working for this employer? Yes / No (Circle One) City and State:	Phone # Fax #
Position Title:	Beginning and Ending Dates of Employment:	
Duties Performed:		
Name and position of your supervisor	May we contact? Yes / No (Circle One)	Salary \$_____ per Hour / Week / Month (Circle One)
Reason for leaving		
Fourth Most Recent Employer		
Company Name:	Are you currently working for this employer? Yes / No (Circle One) City and State:	Phone # Fax #
Position Title:	Beginning and Ending Dates of Employment:	
Duties Performed:		
Name and position of your supervisor	May we contact? Yes / No (Circle One)	Salary \$_____ per Hour / Week / Month (Circle One)
Reason for leaving		

JOB APPLICANT'S CERTIFICATION

(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

I hereby affirm that the information provided in this employment application is true and correct to the best of my knowledge. I understand that falsified information, a misrepresentation or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become a part of my personnel record.

I authorize Legacy Bank to make a thorough investigation of my previous employment and training, in connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institutions, union, company or other entity to give Legacy Bank any and all information they might have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information to Legacy Bank. I also indemnify Legacy Bank, its officers, employees and shareholders against any liability, which might result from the investigation, or inquiry they make, or in connection with the information that they receive.

As an applicant, I fully understand and acknowledge that any offer of employment is entirely conditional upon several factors including but not limited to voluntary submission to substance tests(s) and satisfactory tests(s) results.

If employed by Legacy Bank, I understand and agree that I would be obligated to abide by all its rules, regulations, policies and procedures. I certify that I will abide by all terms of the Drug-Free Workplace Program policy and understand that my failure to do

so will result in the withdrawal of my application from employment consideration, or result in my being ineligible for continuing employment, whichever is applicable.

I UNDERSTAND THAT MY EMPLOYMENT IS AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR THE GRANTING OF AN INTERVIEW IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT AND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH THE COMPANY.

I understand that this application will be in effect for thirty (30) calendar days from the date indicated below and that if employment is not offered within that time period, I must reapply to be considered for future employment.

Signature

Date

Interview Remarks

Interviewed By: _____ Date: _____

Remarks:

Approvals for Hire

Hire Date: _____ Department: _____

For Position: _____

Salary Wages: _____ Start Date: _____

Approvals:

Signature Title Date

Signature Title Date

To be given to the applicant separately from the
application:

INVITATION FOR SELF-IDENTIFICATION

(AFFIRMATIVE ACTION SURVEY)

It is the policy of Legacy Bank to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, marital status, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Employee file.

Name (Printed): _____ Male _____ Female _____

Department: _____ Date: _____

Race/Ethnicity

Check one of the following:

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South 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 America.
- African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.
- American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five races.

BACKGROUND CHECK DISCLOSURE

_____ (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled [A Summary of Your Rights Under the Fair Credit Reporting Act](#), as provided on subsequent pages.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature

_____/_____/_____
Date (Month/Day/Year)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

For use after a conditional offer of employment has
been made:

Drug and Alcohol Notice

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO URINE TESTING PRIOR TO EMPLOYMENT, AND RANDOM AND AS-NEEDED TESTING THEREAFTER IN ORDER TO MAINTAIN A DRUG FREE WORKFORCE AND WORKPLACE.

I authorize Legacy Bank to conduct, through its laboratory testing facility, urine tests to screen for drugs and understand that this is a requirement for consideration of employment. I authorize Legacy Bank to use the results for decision relating to my application for employment. In applying for employment, I understand that urine tests will be performed to detect the presence of drugs. I further understand that the presence of these substances may cause my rejection from further consideration for employment. I voluntarily authorize the taking of urine sample(s) and conducting breath tests (as required) for test purposes. I voluntarily authorize that any urine and breath samples be released to the laboratory facility and its personnel for testing purposes.

If there is a positive test result, I understand that the Medical Review Officer may ask me to provide, and I agree to provide, information about any legal non-prescription drugs and other drugs for which I have a prescription that I take routinely or have taken within the last thirty (30) days. I understand that any communication I may have with the collection site personnel, testing laboratory or MRO does not create or imply a physician/patient relationship. I voluntarily authorize the release of all test results to the Legacy Bank Human Resources Director, or designee and management with a need to know.

SIGNATURE _____ DATE _____



Veteran Status Pre-Offer Solicitation

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**
- (4) Armed Forces service medal Veterans**

These classifications are defined as follows:

- A "disabled Veteran" is one of the following:
 - 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; **or**
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated Veteran" means any Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge Veteran" means 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.
- An "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.

Protected Veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

Call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran
- I decline to disclose my Veteran status

Name

Date

Signature

Date

Social Security Number

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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.

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