



416 North Water Street
Corpus Christi, Texas 78401

EMPLOYMENT APPLICATION

First Community Bank is an Equal Opportunity Employer and is committed to the goals of equal opportunity and does not unlawfully discriminate in hiring and employment practices because of race, color, religion, gender, pregnancy, creed, sex, age, national origin, marital status, veteran status, the presence of a non-job-related medical condition or disability. No question on this application is intended to secure information which could be of discriminatory nature.

INSTRUCTIONS: Consider each question carefully and give as much detail as possible. Failure to do this will result in delay or possible rejection of the application. It is our practice to verify information given by applicants.

Date: _____

Name: _____ Home/Cell Number: _____
Last First Middle Include area code

Email Address: _____

List all other names (maiden name, nickname, etc.) you have used in the past for work, school or for any other reasons? Provide name(s), dates used and circumstances:

(List 7 years of residential history – use separate sheet, if necessary)

Current Home Address: _____
No. and Street City State Zip Code

How long have you lived at this address? _____years _____months

Previous Address: _____ From: _____/_____/_____
No. and Street City State Zip Code Month/Year to Month/Year

Previous Address: _____ From: _____/_____/_____
No. and Street City State Zip Code Month/Year to Month/Year

Specific Position(s) for Which You Are Applying: (1) _____ (2) _____

Minimum Salary Required: \$ _____

Have you ever been bonded? Yes No Are you currently employed? Yes No
 Can you travel if the job requires it? Yes No Are you legally eligible to work in the United States? Yes No

Who referred you to First Community Bank?

Have you applied for or worked with First Community Bank previously? Yes_____ No_____ If so, list the dates, position, and supervisor and reason for leaving:

Name of Immediate Relative(s) employed by First Community Bank:

Have you ever been convicted of a felony, been assessed deferred adjudication for a felony, or plead guilty to a felony? Yes No
 *If you answered yes to either question, please describe. Note: It is not necessary to list parking or minor traffic violations.

**Noting a prior conviction is not an automatic exclusion from being hired. Each case is considered separately based on job requirements.*

EDUCATION	NAME OF SCHOOL OR COLLEGE	LOCATION (City and State)	Number of Years Completed	Did you Graduate?	Major Course of Study or Degree
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	



List all employment (full-time, part-time and temporary) during the past 10 years or for your five most recent prior employers, whichever is greater. Explain all periods of unemployment. Use additional sheets if needed.

Present/Last Employer: _____ Your Name While Employed _____
Address: (Street, City, State & Zip Code) _____
Supervisor Name and Title: _____ Telephone No. _____
Start Date (Month/Year): _____ End Date (Month/Year): _____ Final Rate of Pay: \$ _____ per _____
Position you Held: _____ Reason for Leaving: _____
Nature of Work Performed: _____

May we contact your current employer? Yes No

Previous Employer: _____ Your Name While Employed _____
Address: (Street, City, State & Zip Code) _____
Supervisor Name and Title: _____ Telephone No. _____
Start Date (Month/Year): _____ End Date (Month/Year): _____ Final Rate of Pay: \$ _____ per _____
Position you Held: _____ Reason for Leaving: _____
Nature of Work Performed: _____

Previous Employer: _____ Your Name While Employed _____
Address: (Street, City, State & Zip Code) _____
Supervisor Name and Title: _____ Telephone No. _____
Start Date (Month/Year): _____ End Date (Month/Year): _____ Final Rate of Pay: \$ _____ per _____
Position you Held: _____ Reason for Leaving: _____
Nature of Work Performed: _____

Previous Employer: _____ Your Name While Employed _____
Address: (Street, City, State & Zip Code) _____
Supervisor Name and Title: _____ Telephone No. _____
Start Date (Month/Year): _____ End Date (Month/Year): _____ Final Rate of Pay: \$ _____ per _____
Position you Held: _____ Reason for Leaving: _____
Nature of Work Performed: _____

Previous Employer: _____ Your Name While Employed _____
Address: (Street, City, State & Zip Code) _____
Supervisor Name and Title: _____ Telephone No. _____
Start Date (Month/Year): _____ End Date: _____ Final Rate of Pay: \$ _____ per _____
Position you Held: _____ Reason for Leaving: _____
Nature of Work Performed: _____

Have you ever been discharged or asked to resign by any employer? Yes No

If yes, please explain, including employer(s), date(s) and circumstances:

Please indicate any employers you do not wish us to contact. _____

Describe the skills and aptitudes you possess that would qualify you for a position with First Community Bank

Summarize briefly other experience or qualification for the position you are seeking to include technology/computer skills:

Do you currently hold all licenses/certifications required for the position which you are applying? Yes No

Please state your current license/certification, number and expiration date:

Foreign Languages	(Please Circle)			Fluency Level	
	Speak	Read	Write	Good	Fair
Language _____	Speak	Read	Write	Good	Fair
Language _____	Speak	Read	Write	Good	Fair

List any other information that could be used in considering your application: _____



REFERENCES

List at least three business references, supervisors (not relatives or friends) who can attest to your experience and or qualifications.

NAME & TITLE OF SUPERVISOR	COMPANY ADDRESS (Street, City, & State)	TELEPHONE NUMBER w/Area Code

4. If offered employment, how soon can you report to work? _____

Please list professional, trade, business, or civic associations and any offices held. (Exclude organizations which would reveal sex, race, religion, national origin, age, disability, veteran or other protected status.)

Organization	Offices Held

APPLICATION PROCESS

First Community Bank may not interview all applicants for vacant positions. Those applicants to be interviewed will be contacted by First Community Bank. Applications will be actively considered for up to 1 year following receipt. Applicants who wish to be considered after that time period, or who wish to apply for positions not listed on this application, must submit a new application to First Community Bank.

APPLICANT VERIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION

I verify that all information provided on this application and resumes submitted to First Community Bank are true, correct and complete. I have accounted for all of my training, work experience, and other information requested on this application. I understand that any false, misleading, incomplete, or omitted information on this application or resumes will be cause for rejection of my application or termination of my employment, if discovered.

If I am considered for employment, I authorize First Community Bank and its agents to investigate the information contained on this application and in resumes, and to investigate my suitability for employment. I agree to furnish additional information if requested by First Community Bank or its agents. I authorize the Bank to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I authorize the Bank to investigate criminal court records and as a result I will be requested to complete an Authorization to Obtain Consumer and Investigative Consumer Report form. I release First Community Bank, its agents and all other persons or organizations from any claims, liabilities and damages resulting from obtaining or furnishing information about me.

I understand that First Community Bank endeavors to operate in a safe manner for all employees, clients and visitors. Because of this safety concern, First Community Bank requires that all individuals receiving a conditional employment offer successfully complete certain pre-employment procedures including, but not limited to, satisfactory employment references, testing for the current illegal use of drugs, driving record check, and verifying licensure/certification (if appropriate). I understand that if I do not consent to testing for the current illegal use of drugs, or produce a positive test result, or fail to successfully complete all of First Community Bank's pre-employment procedures, I will not be further considered for employment.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. Because of amendments to the Fair Credit Reporting Act in 1997, I understand that extra procedures are required of the Bank. Thus, I will be notified as to those procedures if my application for employment necessitates a credit report. I further understand that any false information, misleading statements or omission of facts will be sufficient cause for rejection of my application if the Bank has not employed me and for immediate dismissal if the Bank has employed me.

I understand the Bank promotes an alcohol/drug free workplace. I agree to abide by the guidelines set forth in the Bank's alcohol/drug abuse policy. I understand it is the practice of the Bank to conduct pre-employment alcohol/drug testing at specific locations. Failure to successfully pass the Bank's drug screening procedure will preclude my employment application from further consideration. As such, by making application for employment I consent to alcohol/drug screening as directed by the Bank. I will comply with all rules, regulations, and policies set forth in the Bank's policy manual or other communications distributed by the Bank.

If employed, I understand that I will be asked to complete a Federal I-9 Form and to provide documentation of my identity and documentation verifying my right to work in the United States.

I understand that this application is not intended as a job offer or an employment contract for any time period. Any employment can be terminated at any time by First Community Bank or me without notice and/or without cause. I understand that the position being applied for requires reliable attendance and dependable performance, and that I may be required to work various shifts and schedules as directed by my supervisor.

I understand that nothing in this employment application, in the Bank's policy statements or personnel guidelines, or in my communications with any Bank official is intended to create an employment contract between the Bank and me. I also understand that the Bank has the right to modify any of its policies without giving notice of the changes to me. No promises of employment have been made to me. I acknowledge that the Bank employs individuals under the employment-at-will doctrine and that this is not subject to any changes. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Bank retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

If employed, I agree to comply with First Community Bank's policies, rules and procedures as modified from time-to-time.

Signature (Full Name) _____

Date: _____



RELEASE AUTHORIZATION

As the applicant named below, I authorize First Community Bank and its agents to (i) verify any information provided on my employment application and any supplemental questionnaire or resume submitted to First Community Bank; (ii) obtain information regarding my skills, work habits, education, conduct, and suitability for employment from past and present employers, educational institutions, and listed or developed references; (iii) obtain information from law enforcement authorities, governmental agencies and military services regarding my conduct and any criminal violations; and (iv) obtain information regarding any professional license or certification applicable to my employment. I further authorize all institutions and persons to respond to First Community Bank's questions and to provide all information requested. I release First Community Bank and all persons and institutions from any claims, liabilities and damages resulting from obtaining or furnishing information about me. A copy of this authorization shall be as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number



BACKGROUND DISCLOSURE AGREEMENT

In considering applicants for employment, First Community Bank conducts certain pre-employment procedures including, but not limited to, obtaining employment references and verifying an applicant's criminal conviction record. First Community Bank is required to submit certain identifying information to state authorities in order to obtain criminal conviction information, including legal name, social security number and date of birth. First Community Bank will verify your Driver's License/State Identification and Social Security card for the sole purpose of conducting a background check. Information regarding date of birth will be used only to obtain verification of any criminal record and not for any other purpose. Please provide the information requested below so that First Community Bank can complete its pre-employment verifying procedures.

Legal Name (please print)

Date of Birth

Former Names and/or aliases (if applicable, please print)

Social Security Number
Identification Card (if applicable)

Driver License Number & Issuing State or

Name of College/University

City/State

Date of College Graduation (if applicable)

Failure to provide the information requested above will result in your not being further considered for employment. Please sign below to verify that the information you have provided is true, correct and complete.

Applicant's Signature

Date



CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE

First Community Bank may obtain a “consumer report”/“investigative consumer report including but not limited to your personal background (including character, general reputation, personal characteristics, and mode of living) and credit information through credit agencies, records search, or other sources for purposes related to your application for employment or continued employment with First Community Bank including hiring, promotion, reassignment, or retention. Additionally, in the event that claims or disputes between you and the First Community Bank are filed with any third parties, the First Community Bank may request consumer reports or investigative consumer reports for the purposes of evaluation and response, regardless of whether you remain employed by the First Community Bank at the time such claims or disputes arise. These types of reports that may be requested from consumer reporting agencies include but, are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. This information may be obtained by a consumer reporting agency from public records sources or through personal interviews with neighbors, friends, associates, judicial records or other resources for purposes related to your application for employment or continued employment with First Community Bank. You are entitled to request more information about the nature and scope of any investigative consumer reports that the First Community Bank may obtain by submitting a written request to:

Equifax Information Services
PO Box 740241
Atlanta, GA 30374-0241
800-685-1111
www.annualcreditreport.com
www.equifax.com/fcra

The Fair Credit Reporting Act requires that this disclosure inform you of your rights which are disclosed and titled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**
- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.
- **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
 - 1-888-5-OPTOUT (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.ftc.gov/credit.

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 consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Affirmative Action: Voluntary Self Identification Form

First Community Bank is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	/ /
Position applied for:	

Section 2: Please check (4) all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veterans <hr/> **Other <input type="checkbox"/> Individual with Disabilities
I do not wish to Self-Identify <input type="checkbox"/>		
Signature:		
How did you hear of our opening?		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:		
For Human Resources Use Only:	Requisition #	Job Group

[Editor's note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:**

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

(2) Federal contractors/subcontractors with 50 or more employees and federal contracts or subcontracts of \$50,000 or more are required to invite applicants to self-identify as a protected veteran prior to making a job offer, in addition to the post-offer self-identification that is already required. The pre-offer invitation to self-identify may be included in the contractors' application materials.}

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

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).

Veteran of the Vietnam-Era

Defined as (a) an *active duty wartime or campaign badge 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. **(b) an *Armed Forces service medal veteran* 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 FR 1209).**

Disabled Veteran

Defined as (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran

Defined as a veteran 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:

1. Rated at 30 percent or more; or
2. Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
3. A person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred:

- In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
- Between August 5, 1964, and May 7, 1975, in all other cases; or
- Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases.

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.

Pre-JVA Veteran

Defined as an individual who is an employee of or applicant to a contractor with a contract of \$25,000 or more entered into prior to December 1, 2003 and unmodified since to \$100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Armed Forces Service Medal Veteran

Defined as any 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.

Active Duty or Wartime Campaign Badge Veteran

Defined as 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.



Pre-Offer Self-Identification Form For Protected Veterans

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. Sec. 4212 (VEVERRRA), 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. 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 Offer 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. For more information, 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 in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classification of protected veteran listed above.
- I am not a protected veteran
- I do not wish to disclose my status

If you are a disabled veteran it would assist us if you tell us whether there are accommodation we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Date

Name Printed

Signature

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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
Expires 1/31/2017
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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.