



Dear Job Applicant;

To be considered for a job interview with Wauchula State Bank, you must complete and return the following to Human Resources, or to any branch office.

- 1. Application for Employment**
- 2. Drug-Free Workplace Policy Job Applicant Acknowledgment of Receipt and Understanding**
- 3. Background Check Disclosure and Authorization Form**

The "**Applicant Survey**" is voluntary and the information is used for compliance reporting only. Your cooperation in this matter is appreciated.

Sincerely,

Misty Hughes
Vice President
Human Resources

APPLICATION FOR EMPLOYMENT



**Wauchula
State Bank**

www.wauchulastatebank.com

Fax: (863) 773-0645

Please read the following before filling out this application form.

Wauchula State Bank is an at-will, equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices for reasons of race; color; religion; sex; national origin; age; Veteran/Reserve, National Guard status; citizenship status; marital status or disability; or other protected classification. No question in this application is intended to secure information to be used for such discrimination. Let us know if you need accommodation in completing this application or accessing any other aspect of the application process.

Receipt of this application does not obligate the bank to employ an individual nor does it mean a specific job opening exists. The bank at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company, it will be difficult to secure this bond and the bank may be unable to offer employment.

If your answers or statements require additional space, obtain supplemental sheets from the receptionist.

<small>(Please Print)</small> Last Name	First Name	Middle	Phone	Email Address
Present Mailing Address	City	State	Zip	From Date: To Date:
Addresses for Last Five Years				
Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both Full Time and Part Time <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency (Name)				
How did you come to apply? <input type="checkbox"/> Employee Referral <input type="checkbox"/> High School Recruitment <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency (Name)				
<input type="checkbox"/> Former Employee <input type="checkbox"/> College Recruitment <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (Name)				
Have you ever been arrested, convicted, pled nolo contendere, had adjudication withheld or been placed on probation for a criminal offense, including but not limited to offenses involving dishonesty or breach of trust (such as robbery, embezzlement, forgery, perjury, tax evasion, shop lifting, etc.)? Responding Yes will not automatically disqualify you from employment. The Bank will consider the nature and date of the conviction or disposition of the case, the position for which you are applying, and will make decisions in accordance with our equal employment opportunity policy. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state dates, place, courts, where offense occurred and judgment given:				
Give Personal References who are not relatives or former employers				
Name	Phone Number	Address	Occupation	Years Known

SHOW PRESENT AND PAST EMPLOYMENT FOR THE PAST FIVE YEARS INCLUDING PART-TIME EMPLOYMENT

Employment Dates Month / Year	Co. Name:	Salary: <input type="checkbox"/> Hr <input type="checkbox"/> Wkly <input type="checkbox"/> BiWkly <input type="checkbox"/> Semi Mthly <input type="checkbox"/> Annual	Type of Business	Title or Position	Describe Type of Work Done
From: ___/___/___	Phone: _____	Start			
To: ___/___/___	Address: _____	Final			
Reason for leaving above position:					

Employment Dates Month / Year	Co. Name:	Salary: <input type="checkbox"/> Hr <input type="checkbox"/> Wkly <input type="checkbox"/> BiWkly <input type="checkbox"/> Semi Mthly <input type="checkbox"/> Annual	Type of Business	Title or Position	Describe Type of Work Done
From: ___/___/___	Phone: _____	Start			
To: ___/___/___	Address: _____	Final			
Reason for leaving above position:					

Employment Dates Month / Year	Co. Name:	Salary: <input type="checkbox"/> Hr <input type="checkbox"/> Wkly <input type="checkbox"/> BiWkly <input type="checkbox"/> Semi Mthly <input type="checkbox"/> Annual	Type of Business	Title or Position	Describe Type of Work Done
From: ___/___/___	Phone: _____	Start			
To: ___/___/___	Address: _____	Final			
Reason for leaving above position:					

Employment Dates Month / Year	Co. Name:	Salary: <input type="checkbox"/> Hr <input type="checkbox"/> Wkly <input type="checkbox"/> BiWkly <input type="checkbox"/> Semi Mthly <input type="checkbox"/> Annual	Type of Business	Title or Position	Describe Type of Work Done
From: ___/___/___	Phone: _____	Start			
To: ___/___/___	Address: _____	Final			
Reason for leaving above position:					

Employment Dates Month / Year	Co. Name:	Salary: <input type="checkbox"/> Hr <input type="checkbox"/> Wkly <input type="checkbox"/> BiWkly <input type="checkbox"/> Semi Mthly <input type="checkbox"/> Annual	Type of Business	Title or Position	Describe Type of Work Done
From: ___/___/___	Phone: _____	Start			
To: ___/___/___	Address: _____	Final			
Reason for leaving above position:					

Have you been employed here before? Yes No Have you ever applied here before? Yes No

Have you ever been discharged or requested to resign from a position? Yes No

If so explain:

May we contact your present and/or previous employer(s)? Yes No

Give Employment References:

Supervisor's Name	Title	Company Name & Address	Phone	Yrs Known

Why do you desire to make a change?

Have you ever held a position of trust (handling money or confidential material)? Yes No

Educational and Skills Record:

Name and Location (List any special schooling (extension, night, business, etc.))	Graduate	Diploma or Degree	Major & Minor Studies	Grade Avg.
Grade School				
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (AIB, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certifications				

Check the appropriate items below relative to your experience, training and skills.

- MS Outlook Adobe Bank Operations Credit Analyst Escrow /Ins Marketing Supervision/Management
- MS Excel Power Point Call Center Customer Service Human Resources Payroll Technology (information Systems)
- MS Word Accounting Collections Data Processing Lending Quality Control Teller/Cashier
- MS Access Auditing Compliance Electronic Banking Loan Processing Report Writing Wire Transfers
- Other (List those skills or abilities which you consider relevant to this job i.e., languages, talents, hobbies, volunteer service, etc.)

(A) I hereby agree to being fingerprinted before or during my employment by a law enforcement agency and agree to my fingerprint record being processed by the FBI.

Initial Here _____

(B) I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection of my application or termination of employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Initial Here _____

(C) I fully understand because of the nature of the business conducted by the bank that certain information, whether written, spoken or otherwise communicated or obtained, and certain files and records relating to the business of the bank or to anyone with whom the bank has dealings, may constitute proprietary confidential business information. I fully understand and agree that, should I enter the employ of the bank, I am not to, and will not at any time, communicate or reveal any proprietary confidential business information of the bank or any such information or records or files or the matters contained therein to unauthorized personnel within the bank, or to anyone outside the bank. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

Initial Here _____

(D) In the event I am employed by the bank, I will comply with all rules and regulations as set forth in the bank's policy manual or other communications distributed to all employees.

Initial Here _____

(E) I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably

Initial Here _____

(F) I understand that if I am employed, a photograph may be later required.

Initial Here _____

(G) I understand that the bank employs only U.S. citizens and properly authorized aliens. If I become employed, federal law requires that I furnish to the bank proof of my identity and employment authorization and to sign a statement under penalty of perjury verifying my eligibility for employment as a citizen or national of the United States or an otherwise employable alien.

(H) I hereby acknowledge that I have read the above statement and understand the same.

_____/_____/_____
Application Date

Applicant's Signature

THIS APPLICATION VOID AFTER 90 DAYS, UNLESS RENEWED BY THE APPLICANT

Drug-Free Workplace Policy

Summary

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, we have established a Drug-free Workplace Policy for our Bank. This is implemented pursuant to the Drug-free workplace program requirements under F.S. 440.102 and the proposed rules of the Department of Labor and Employment Security, Division of Workers' Compensation.

The essential parts of this policy are:

1. The Bank prohibits the illegal use, possession, sale, manufacture, or distribution, of drugs, alcohol, or other controlled substances on its property. It is also against Bank policy to report to work or to work under the influence of drugs or alcohol.
2. **Drug Testing of Applicants:**
 - a. All applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process.
 - b. Applicants will be asked to sign the Applicant Drug Testing Consent Agreement. (Job Applicant Packet- Attachment A). If an applicant refuses, he or she will not be considered for employment and the employment application process will be terminated.
 - c. If an applicant's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he or she has failed to meet employment standards.
3. **Testing of Employees:**
 - a. **Reasonable Suspicion Testing:** Employees will be tested when there is a reasonable suspicion that an employee is using or has used drugs.
 - b. **Follow-up Testing:** All employees who have been determined to have used drugs or alcohol will be subject to unannounced follow-up drug tests.
 - c. **Additional Testing:** Additional testing may also be conducted as required by applicable state or federal laws, rules, or regulations or as deemed necessary by the Bank.
4. **Disciplinary Action:**
 - a. In the case of a first-time violation of the Bank's policy, including a positive drug or alcohol test result (without evidence of use, sale, possession, distribution, dispensation, or purchase of drugs or alcohol on Bank property or while on duty), the employee will be subject to discipline up to and including discharge.
 - b. The Bank may suspend employees without pay under this policy pending the results of a drug test or investigation.
 - c. Any employee using, selling, purchasing, possessing, distributing, or dispensing drugs or alcohol on duty or on Bank property will be discharged.
5. All information, interviews, reports, statement memoranda and drug test results, written or otherwise, received by the Bank as part of this drug testing program are confidential communications. Unless authorized by state laws, rules or regulations, the Bank will not release such information without a written consent form signed voluntarily by the person tested.
6. **Attachment B** (Job Applicant and Employee Packets) is a Drug Use Information form which is a confidential report which must be filled out by job applicants and employees both before and after being drug tested. This form permits individuals to list all prescription and non-prescription drugs they are currently using or have used in the last month, as well as any other information they consider relevant to the test.
7. **Attachment C** (Job Applicant and Employee Packets) is a list of the most common medications by brand name or common name and chemical name which may alter or affect a drug test.
8. Any applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.
9. Any employee who refuses to submit to a drug test will be terminated from employment. An injured employee who refuses to submit to a drug test, or has positive confirmation test, in addition to the above, forfeits his eligibility for all workers' compensation medical and indemnity benefits.
10. **Attachment D** (Job Applicant and Employee Packets) is a representative list of names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs available to employees. A comprehensive listing is available in the Benefits Office.
11. A job applicant or employee who receives a positive confirmed drug test result may contest or explain the result to the employer within 5 days after written notification of the positive test result. If a job applicant's or an employee's explanation or challenge is unsatisfactory to the employer, the person may contest the test results.

12. A job applicant or employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought pursuant to chapter 440, Florida Statutes. The lab will maintain the sample until the case or administrative appeal is settled.
13. The following is a list of all drugs (described by brand name, common name and/or chemical name) for which the employer may test:
 - Alcohol (booze, drink)
 - Amphetamines (Binhetamine, Desoxyn, Dexedrine)
 - Cannabinoids (marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer)
 - Cocaine (coke, blow, nose candy, snow, flake, crack)
 - Phencyclidine (PCP, angel dust, hog)
 - Methaqualone
 - Opiates (opium, dover's powder, paregoric, parepectolin)
 - Barbiturates (Phenobarbital, Tuinal, Amytal)
 - Benzodiazophenes (Ativan, Azene, Clonopin, Dalmone, Diazepam, Halcoin, Librium, Poxipam, Restoril, Serax, Transene, Valium, Vertron, Xanax)
 - Propoxyphene (Darvocet, Darvon N, Dolene)
14. Job applicants and employees have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication.
15. To ensure that drugs and alcohol do not enter or affect the workplace, the Bank reserves the right to search all vehicles, containers, lockers, or other items on Bank property in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon Bank request.
16. Failure to consent to search or display for visual inspection will be grounds for termination or reason for denial of access to Bank premises by any others.
17. Searches of employee's personal property will take place only in the employee's presence. All searches under this policy will occur with the utmost discretion and consideration for the employees involved.
18. Details of this policy may be obtained from the Director-Human Resources.
19. The contents of these drug and alcohol guidelines are presented as statements of the Bank's current policy and may be changed and updated by the Bank. These guidelines are not intended to create a contract between the Bank and any employee. Nothing in these guidelines binds the Bank to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.
20. Employees as a condition of employment are required to abide by these guidelines.

Wauchula State Bank

Drug-Free Workplace Policy

Job Applicant Acknowledgment of Receipt and Understanding

I hereby acknowledge that I have received and read a summary of the Bank's Drug-free Workplace policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspect of this material fully explained. I understand that the full text of the Drug-free Workplace policy is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Bank, and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Bank, 4) The tests establish a violation of the Bank's drug-free workplace policy, 5) I otherwise violate the policy. If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute §440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE BANK AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Signature of Job Applicant

_____/_____/_____
Date

Witness

_____/_____/_____
Date

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, **Wauchula State Bank** (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, may order additional background reports on you for employment purposes.

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.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act provided.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize **Wauchula State Bank** to order my background report, including investigative consumer reports. I understand that the Bank may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

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, 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. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. 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.

I agree the Bank may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the information I provided is true and correct.

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Social Security Number _____

Driver's License # or State Issued ID # _____ Issuing State _____

Maiden/Other Names _____ Years Used _____

_____ Signature	_____ Date
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Subscribed and sworn before me:

Notary Public Signature

Affix Seal Here

Date _____

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

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.

¹ 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.