

## APPLICANT DATA SURVEY

Carotek, Inc. (Carotek) is a Federal contractor or subcontractor. We are required by Federal law to reach out to, recruit, and provide equal opportunity to minorities, women, qualified people who have disabilities, and Protected Veterans. Further, the Federal Government requires contractors and subcontractors to invite job applicants, new hires, and employees to tell us their gender, ethnicity and race as well as whether they have, or have previously had, a disability or are a Protected Veteran. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices.

Your submission of information is voluntary. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind.

Carotek complies with the Americans With Disabilities Act (ADA). As such, please know that the disability-related information you supply as part of this form will not be available to your future manager or to Human Resources generally. If you are later hired and require a potential workplace accommodation due to a medical condition, you should notify Human Resources. Completing this form will not provide that notice and is not a mechanism for requesting a potential reasonable accommodation – to the application process or as an employee.

Thank you for your assistance.

### **Voluntary Self-Identification of Race, Ethnicity and Gender**

Please check the applicable categories:

**Gender:**

MALE     FEMALE     I DON'T WISH TO ANSWER

**Ethnicity:**

Are you Hispanic or Latino?

YES     NO     I DON'T WISH TO ANSWER

**Race:**

If you answered "No" to the above question regarding Ethnicity, please select one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN          |
| <input type="checkbox"/> WHITE                          | <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER |
| <input type="checkbox"/> ASIAN                          | <input type="checkbox"/> TWO OR MORE RACES                  |
| <input type="checkbox"/> I DON'T WISH TO ANSWER         |   |

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Covered Veteran Status

Carotek, Inc. is a government contractor or subcontractor 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 us 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:

### How do I know if I am a Protected Veteran?

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.

As a Government contractor or subcontractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

Please indicate whether you belong to any of the four (4) categories of Protected Veterans listed above:

- YES, I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- NO, I AM NOT A PROTECTED VETERAN
- I DON'T WISH TO ANSWER

As a Federal contractor or subcontractor 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. 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.

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 not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. Further, the information you submit will be kept confidential in accordance with Federal law.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### 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.<sup>1</sup> 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  
Page 2 of 2

### 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.

---

<sup>i</sup> 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](http://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.