

Application for Employment

SCHUYKILL COUNTY
TRANSPORTATION AUTHORITY
252 Industrial Park Rd
Saint Clair, Pa 17970

Instructions: Thank you for your interest in employment with S.C.T.A. Please complete all sections of this employment application to be considered for employment at the Company. We are an equal opportunity employer. Use additional paper if necessary to provide complete answers to any questions.

Section 1: Personal Information

Name: _____ Date of Birth: ____/____/____
Last First Middle
Address: _____
Street City State Zip Code
Social Security Number: _____ Telephone Number: () _____

Please list all addresses where you have resided in the past 3 years:

Address: _____
Street City State Zip Code
Address: _____
Street City State Zip Code
Address: _____
Street City State Zip Code

Section 2: Desired Employment

Desired Position: _____ Available Start Date: ____/____/____ Compensation Desired: _____
Have you ever applied for employment at this company before? Yes ☐ No ☐

Where: _____ When: _____

Have you ever worked for this company before? Yes ☐ No ☐

Where: _____ When: _____

Please list any other name under which you have been employed: _____

Are you legally authorized to work in the United States on an unrestricted basis for any employer? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain: _____

Section 3: Education

Education/Type	Name and City	Did you Graduate?		Degree Received
High School	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Graduate School	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Other	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Section 4: Employment History

Please provide your complete Employment History for the last 3 years. If you drove a commercial vehicle at any time in the 7 years before the last 3 years, please detail that employment information also. Ask for/use extra paper if necessary.

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Starting Salary/Hourly Rate: _____	Final Salary/Hourly Rate: _____		
Starting Commission/Bonus: _____	Final Commission/Bonus: _____		
Summarize Type of Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
If you were terminated or asked to resign, please explain: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____		Employer's Phone #: () _____	
Title: _____			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 4: Employment History, continued

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Starting Salary/Hourly Rate: _____	Final Salary/Hourly Rate: _____		
Starting Commission/Bonus: _____	Final Commission/Bonus: _____		
Summarize Type of Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
If you were terminated or asked to resign, please explain: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____		Employer's Phone #: () _____	
Title: _____			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Starting Salary/Hourly Rate: _____	Final Salary/Hourly Rate: _____		
Starting Commission/Bonus: _____	Final Commission/Bonus: _____		
Summarize Type of Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
If you were terminated or asked to resign, please explain: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____		Employer's Phone #: () _____	
Title: _____			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing?

Yes ☐ No ☐

Section 4: Employment History, continued

Name of Present or Last

Employer: _____

Address: _____

Street

City

State

Zip Code

Starting Date (M/Y): ____ / ____ Date Last Worked (M/Y): ____ / ____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus: _____

Summarize Type of Work Performed and Job Responsibilities: _____

Reason(s) for Leaving: _____

If you were terminated or asked to resign, please explain: _____

May we contact your supervisor? Yes ☐ No ☐

If no, why? _____

Supervisor's

Name: _____

Title: _____

Employer's Phone

#: ()

Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes ☐ No ☐

Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing?

Yes ☐ No ☐

Name of Present or Last

Employer: _____

Address: _____

Street

City

State

Zip Code

Starting Date (M/Y): ____ / ____ Date Last Worked (M/Y): ____ / ____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus: _____

Summarize Type of Work Performed and Job Responsibilities: _____

Reason(s) for Leaving: _____

If you were terminated or asked to resign, please explain: _____

May we contact your supervisor? Yes ☐ No ☐

If no, why? _____

Supervisor's Name: _____	Title: _____	Employer's Phone #: () _____
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4: Employment History, continued

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Starting Salary/Hourly Rate: _____		Final Salary/Hourly Rate: _____	
Starting Commission/Bonus: _____		Final Commission/Bonus: _____	
Summarize Type of Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
If you were terminated or asked to resign, please explain: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____		Employer's Phone #: () _____	
Title: _____			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment Gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability. _____

Related Information:

If you hold any certifications, are a member of any job related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. _____

Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

Section 5: Driver Information

Driver's license information: Please list all States in last 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date
Driver's Licenses				

Driving experience: Please list all driving experience.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Bus				
Tractor and Semi-Trailer				
Other (Indicate Type)				

Accident record for the past 3 years or more (Attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

Location	Date	Charge	Type of Vehicle Operations

Section 5: Driver Information, continued

If the answer to any of the questions below is Yes, please attach a statement giving details.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☐
If you answer "yes", you must attach a statement giving details.

2. Have any license, permit or driving privilege ever been suspended or revoked? Yes ☐ No ☐

3. For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? Yes ☐ No ☐

If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.

Section 6: Acknowledgement, Certification, Authorization

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

Applicant Signature

Date

Section 6: Acknowledgement, Certification, Authorization, continued

PLEASE READ CAREFULLY BEFORE SIGNING. Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.

1. I certify that the information contained in this application for employment at the Company is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
2. I understand that if I am offered employment at the Company it is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.
3. I understand and agree that only the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that the Company may make a full complete investigation of my personal employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability, which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize the Company to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the company for truthfully communicating any such information to be potential or future employer.
5. I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to additional medical examinations during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I consent to such testing, and authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company, if requested. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

6. I agree that the Company may investigate and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.
7. I understand and agree that if offered employment by the Company I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by the Company.
8. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform the Company of any agreements that would limit my ability to work for the Company.

Initial Here

Section 6: Acknowledgement, Certification, Authorization, continued

Disclosure and Authorization to Obtain Consumer Reports and Driving Performance History

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization. I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

I hereby acknowledge and consent to the Company to obtain and review reports of driver history from states in which a license has been held in accordance with, but not limited to, 48 CFR Part 391. This consent shall be considered continuing, permitting for additional driver history inquiries as deemed necessary by the Company for the entire length of my employment with the Company.

Previous Employer Inquiries and Investigations

As required by 391.23, we will make investigative inquiries to previous DOT-regulated employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision. Pursuant to 391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated employers;
2. The right to have errors in the information corrected by the previous employer; and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you wish to review previous DOT-regulated employer information received in response to required inquiries, you must submit a written request to the prospective employer no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five days, unless no such information has been provided in response to required inquiries. For information on procedures to

rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR), Part 391.23(j).

I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 7-9) of this Application for Employment.

Authorization Signature

Date

Print Name

Application for employment.

(a) A person shall not drive a commercial motor vehicle unless he/she has completed and furnished the motor carrier that employs him/her with an application for employment that meets the requirements of paragraph (b) of this section.

(b) The application for employment shall be made on a form furnished by the motor carrier. Each application form must be completed by the applicant, must be signed by him/her, and must contain the following information:

(b)(1) The name and address of the employing motor carrier;

(b)(2) The applicant's name, address, date of birth, and social security number;

(b)(3) The addresses at which the applicant has resided during the 3 years preceding the date on which the application is submitted;

(b)(4) The date on which the application is submitted;

(b)(5) The issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;

(b)(6) The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which he/she has operated;

(b)(7) A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused;

(b)(8) A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted;

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

(b)(10)(i) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted,

(b)(10)(ii) The dates he or she was employed by that employer,

(b)(10)(iii) The reason for leaving the employ of that employer,

(b)(10)(iv) After October 29, 2004, whether the (A) Applicant was subject to the FMCSRs while employed by that previous employer,

(b)(10)(iv)(B) Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by [49 CFR part 40](#);

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by [Part 383](#) of this subchapter, a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment; and

(b)(12) The following certification and signature line, which must appear at the end of the application form and be signed by the applicant:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's signature)

(c) A motor carrier may require an applicant to provide information in addition to the information required by paragraph (b) of this section on the application form.

(d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b)(10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of [§391.23](#). The prospective employer must also notify the driver in writing of his/her due process rights as specified in [§391.23\(i\)](#) regarding information received as a result of these investigations.

CONFIDENTIAL

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

INVITATION TO: Self-Identification of Race/Ethnicity and Gender

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? You may mark **only one** box.

☐ **Male**

☐ **Female**

What is your race/ethnicity? You may mark **only one** box.

☐ **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 original 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 maintains 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.

Position:

Signature:

Date:

Voluntary Self-Identification of Veteran Status

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; 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 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. 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.

As a Government contractor 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. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS

(CHOOSE ALL THAT APPLY):

☐ DISABLED VETERAN

☐ RECENTLY SEPARATED VETERAN Date of Discharge or Release:

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCES SERVICE MEDAL VETERAN

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations 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 not inconsistent 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.

EMPLOYEE NAME: DATE:

POSITION TITLE:

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.ⁱ 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

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.