

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## Voluntary Race/Gender Self-Identification Form

O'Bannon Banking Company is subject to Executive Order 11246, which requires government contractors to ensure nondiscrimination and take affirmative action in employment to employ and advance qualified individuals without regard to sex, gender identity, sexual orientation, race, color, religious creed, and national origin. As a government contractor, we are required to report certain data regarding our applicants and employees to the government.

In order to comply with these requirements, we are required to ask you if you want to provide information regarding your gender, race, and ethnicity. In answering the questions regarding your race/ethnicity, please use the race/ethnicity definitions established by the federal government listed below. Submission of this information is voluntary, and failure to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with applicable law. Your cooperation is appreciated.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Indicate Gender:**

- Male
- Female
- I do not wish to disclose

**Indicate Ethnic group:**

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose

**Indicate your Race:**

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or more Races (Not Hispanic or Latino)
- I do not wish to disclose

Ethnicity and Race Categories	Descriptions
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.
Asian (Not Hispanic or Latino)	A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
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.
American Indian or Alaskan 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.

O'Bannon Banking Company is an equal opportunity corporation and does not discriminate on the basis of sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected Veteran status, or any other characteristic protected by law with regard to any employment practices, including recruitment, advertising, job application procedures, hiring, and/or other terms, conditions, or privileges of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. Individuals who may have inquiries regarding the Company's policy and procedures should contact Mary Hitchings.

## O'BANNON BANKING COMPANY

### Veteran Status Application and Post Offer Solicitation

O'Bannon Banking Company is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans
- (2) recently separated veterans
- (3) active duty wartime or campaign badge veterans
- (4) Armed Forces service medal veterans

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

"Active duty wartime" veteran is defines as "period of war" as including World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War, which is defined as August 2, 1990, to the present. Therefore, a veteran who served on active duty during any of those periods (and was not dishonorably discharged) is an "active duty wartime" veteran under VEVRAA.

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 classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my veteran status

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Name

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Date



## Employment Reference Consent and Release

### Instructions to Current/Former Employer

The individual named below has applied for employment with our company. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Division of Employment Security Section 288.250 RSMo, and CFR part 603, a law which provides current and former employers with a legal privilege to provide employment history about current or former employees to prospective employers.

I GIVE CONCENT TO MY CURRENT AND FORMER EMPLOYERS TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYEMENT HISTORY.

THIS CONSENT IS VALID FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE BELOW.

A COPY OF THIS FORM SHALL BE AS VALID AS THE ORIGINAL.

APPLICANT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Date and duration of employment:

Current or last job description and duties:

Is the applicant eligible for rehire?     Yes                       No

Printed Name and Title of Employer Representative Providing Information

Signature

Date

Please return form to:  
O'Bannon Banking Company  
Attn: Mary Hitchings, Human resources Director  
P.O. Box 890  
Buffalo, MO, 65622  
Phone: (417)345-2251      Fax: (417)345-6116