

## Applicant Voluntary Disclosure Record

We are an Equal Opportunity Employer and do not discriminate in hiring or employment because of race, color, religious creed, sexual orientation, gender identity, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our applicants and employees to the government. We are required to ask you if you want to provide this information below. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Name

### Please Specify Your Gender

Check one

Male

Female

I choose not to disclose

### Please Hispanic or Latino

Check one

No

Yes

I choose not to disclose

### Please Specify Your Race

Check all that apply

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

OR

I choose not to disclose

# O'BANNON BANKING COMPANY

## Veteran Status Application and Post Offer Solicitation

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**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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

FORM CC-305  
OMB Control Number 1250-0005  
Expires 1/27/2017  
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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.\* 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. Complete 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**

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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.

\*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.