

MILITARY SERVICE

As a new requirement for the U.S. government, we are required to report any employee who has previous military status, including the Mississippi National Guard. Please circle an answer to the following question.

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY or MISS National Guard? YES NO

If YES, please see the following statuses and circle which status you are: 1) Disabled Veteran 2) Other Protected Veteran 3) Armed Forces Service Medal Veteran 4) Recently Separated Veteran 5)Active Duty 6)National Guard

(See the definitions of these 4 US Military Statuses on the clipboard.)

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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. Completing this form is **voluntary**. **YOU DO NOT HAVE TO ANSWER THIS QUESTION**. 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.

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: • Blindness • Deafness • Cancer • Diabetes • Epilepsy • Autism • Cerebral palsy • HIV/AIDS • Schizophrenia • Muscular dystrophy • Bipolar disorder • Major depression • Multiple sclerosis (MS) • Missing limbs or partially missing limbs • Post-traumatic stress disorder (PTSD) • Obsessive compulsive disorder • Impairments requiring the use of a wheelchair • Intellectual disability (previously called mental retardation)

Please circle one of these options: **Do you have a disability?** YES NO

Reasonable Accommodation Notice - Voluntary Self-Identification of Disability: 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.

EMPLOYEE IDENTIFICATION ADDRESS/CURRENT ADDRESS:

This statement serves in lieu of a driver's license and/or voter's registration card with my current home address, as one cannot be obtained due to the following circumstances: My driver's license/identification card is current and I don't currently have the ability to update my home address on my identification right now.

I, _____, live at _____
_____ and have lived there since _____. I do consider it my permanent home. I declare under penalty of perjury, under the laws of the United States of America, that the foregoing is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____