

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL DATA

Luvata Ohio, Inc. is required by law to maintain certain records. Please answer the appropriate questions on this sheet. Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated confidentially. The information will be retained only for record-keeping purposes and will not be used for or have any effect on any hiring decision.

DATA RECORD – STRICTLY PRIVATE EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL DATA

Luvata Ohio, Inc. maintains Equal Employment Opportunity Programs for racial/ethnic minorities, females, individuals with disabilities and qualifying veterans.

Candidates are considered for all positions without regard to race, color, religion, sex, national origin, age, ancestry, marital status, qualifying veteran or qualifying disability.

To help us comply with government record keeping, reporting and other legal requirements, please fill out the information requested. This record will be kept in a Confidential File separate from your Application for Employment.

Date of Application: _____

Who referred you to us for employment? _____

Applicant's Name _____ Date _____
Last First Middle

Address _____
Number Street City State Zip Code

Affirmative Action Survey

This data is for analysis and equal employment opportunity programs only.

Check One: Male Female

Check one of the following Race/Ethnic Groups: White Black

Asian Hispanic American Indian/Alaskan Native Pacific Islander

Voluntary Self-Identification of Disability

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

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.¹ 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

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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.

ⁱ 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.

Protected Veteran Status

As a Government contractor, Luvata Ohio, Inc., is also 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:

Disabled Veteran: (a) 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 (b) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: 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.

Active Duty Wartime or Campaign Badge Veteran: Any 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.

Armed Forces Service Medal Veteran: Any 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.

If you believe that you belong to any of the categories of protected veterans listed above, please indicate by checking **only one** of the boxes 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 Luvata undertakes pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above**
- I am not a protected veteran**

When you have completed, please save this file and email to: forming.hr@luvata.com.