

DATE: _____

Application for Employment

We appreciate your interest in **The First National Bank of Elmer, FNBE**. **FNBE** is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee, intern, volunteer, etc., based on race (including traits historically associated with race, such as hair texture and protective hairstyles), color, creed, religion (including wearing attire, clothing or facial hair in accordance with the tenets of religion), sex (including pregnancy, childbirth or related medical conditions and transgender status), gender identity or expression, reproductive health decisions, familial status, national origin, physical or mental disability (including gender dysphoria and being a certified medical marijuana patient), genetic information (including predisposing genetic characteristics), age (18 and over), veteran status, military status, sexual orientation, marital status, certain arrest or conviction records, domestic violence victim status, and any other status protected by applicable federal, state or local laws. **FNBE** also prohibits harassment of applicants for employment or employees, interns, volunteers, etc., based on any of these protected categories. It is the Company's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

FNBE offers reasonable accommodations in the hiring employment individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time. Applicants who require reasonable accommodation during the application process may contact **Human Resources** .

PERSONAL INFORMATION

Name: _____
First M.I. Last

Telephone: _____

Present Address: _____
Street, City, State, & Zip

Email Address: _____

If under 18 years of age, do you have a work permit? Yes No
 Are you legally authorized to work in the United States? Yes No
 Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? Yes No

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

EMPLOYMENT DESIRED

Position(s) applied for: _____ Date you can start: _____

Have you previously worked for or applied for a position with **FNBE**, in any of our locations as an employee or through an employment agency? Yes No

If so, when: _____ Supervisor: _____ Reason for leaving: _____

GENERAL INFORMATION

Are you related to or in a close personal relationship with anyone now employed at **FNBE**?
 (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) Yes No

If yes, list name(s) and their work location: _____

Are you available to work overtime, as needed? Yes No

Are you available to work weekends, as needed? Yes No

REFERRAL INFORMATION

How did you learn about **FNBE**?
 Current Employee Newspaper Ad LinkedIn FNBE Website Other: _____

List name of referring employee or source, if applicable: _____

WORK EXPERIENCE

List all your work experience (starting with your most recent employer).

Dates Employed From: _____ To: _____

Name and Address of Employer: _____

Job Title: _____

Name of Supervisor: _____

Phone Number: _____

Briefly describe your job duties and work experience: _____

Reason for leaving: _____

Dates Employed From: _____ To: _____
 Name and Address of Employer: _____
 Job Title: _____
 Name of Supervisor: _____
 Phone Number: _____
 Briefly describe your job duties and work experience: _____
 Reason for leaving: _____

Dates Employed From: _____ To: _____
 Name and Address of Employer: _____
 Job Title: _____
 Name of Supervisor: _____
 Phone Number: _____
 Briefly describe your job duties and work experience: _____
 Reason for leaving: _____

Dates Employed From: _____ To: _____
 Name and Address of Employer: _____
 Job Title: _____
 Name of Supervisor: _____
 Phone Number: _____
 Briefly describe your job duties and work experience: _____
 Reason for leaving: _____

EDUCATION

Degree(s) obtained: _____ License, Vocational, or Trade Training: _____

PROFESSIONAL REFERENCES

Please provide the names of three persons not related to you, whom you have known professionally, at least three years.

Name	Email Address	Telephone	Years Known

May we contact your present employer at this time? Yes No

JOB-RELATED SKILLS AND QUALIFICATIONS

Please summarize your job-related skills and qualifications: _____

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:
 If hired, can you provide a valid driver's license? Yes No
 If hired, can you provide evidence of insurance or insurability, if applicable? Yes No

APPLICANT'S STATEMENT

This application is not complete until it is fully completed, signed and all statements below have been read and initialed.

Initial: _____ I certify that all the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein and supersedes any prior inconsistent understandings between the Company and me on such issues.

Applicant's Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE FOR THE PROCUREMENT OF CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with The First National Bank of Elmer, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

APPLICANT INITIALS _____

FAIR CREDIT REPORTING ACT AUTHORIZATION FOR THE PROCUREMENT OF CONSUMER REPORTS

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business, or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: B&B Reporting, Inc. ("Agency"), 401 South Market Street, Scottsboro, AL 35768, (toll free telephone number) 844-752-1356, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bbreporting.com.

I understand that if the Company is in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (central time zone) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial, if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Yes, my current employer may be contacted No, my current employer cannot be contacted

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Please provide your legal name and sign:

Name: _____
First M.I. Last

Signature: _____ Date: _____

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (cont'd.)

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law.

For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552
- b. Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580
- c. Office of the Comptroller of the Currency, Customer Assistance Group
1301 McKinney Street, Suite 3450, Houston, TX 77010-9050
- d. Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480
- e. FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106
- f. National Credit Union Administration, Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street,
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection
Division, Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590
Office of Proceedings, Surface Transportation Board, Department of Transportation
395 E Street S.W., Washington, DC 20423
Nearest Packers and Stockyards Administration area supervisor
Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor, Washington, DC 20416
Securities and Exchange Commission, 100 F St NE, Washington, DC 20549
Farm Credit Administration, 1501 Farm Credit Drive, McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580, (877) 382-4357

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

Name: _____

*First**M.I.**Last*

Date of Birth: _____

*Month**Day**Year*

Social Security #: _____

Driver's License #: _____

State Issuing License: _____

Nickname(s) Used: _____

Enter any other names used (including maiden names): _____

*First**M.I.**Last**First**M.I.**Last*

Present Address: _____

Street, City, State, Zip

Prior Address: _____

Street, City, State, Zip

Dates From: _____

Month/Day/Year

To: _____

Month/Day/Year

Prior Address: _____

Street, City, State, Zip

Dates From: _____

Month/Day/Year

To: _____

*Month/Day/Year***INVITATION TO SELF-IDENTIFY**

Name: _____

*First**M.I.**Last*

How did you learn about FNBE? _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

The First National Bank of Elmer is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes No

If you answered "No" to the question above, please check the applicable box below (check one):

White (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

Two or more Races – all persons who identify with more than one of the above five races (not Hispanic or Latino)

SEX: Male Female

VETERAN STATUS: Classifications of *protected veteran* are defined as follows:

- A "**disabled veteran**" is either 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.

I identify as one or more of the classifications of *protected veteran* listed above.

I am **not** a protected veteran.

APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

Armed Forces Expeditionary Medal:		
Campaign/Expedition	Start Date	End Date
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

Navy Expeditionary Medal and Marine Corps Medal for These Operations:		
Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Other Campaign and Service Medals Qualifying for Preference:		
Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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

Date: _____

Name: _____

First

M.I.

Last

Employee ID: _____

(if applicable)

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 every had a disability. Because a person may become disabled at any time, we ask all 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.

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, i.e., 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, i.e., Crohn’s disease or Irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, i.e., migraine Headaches, Parkinson’s disease, or Multiple Sclerosis (MS)
- Psychiatric condition, i.e., 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 do not have a disability or have a history/record of having a disability.
- I do not 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.

Job Title: _____ Date of Hire: _____