



Established 1877

## APPLICATION FOR EMPLOYMENT

**Commercial Bank and Trust Company, PO Box 1000, Paris, TN 38242**

*COMMERCIAL BANK AND TRUST COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, DISABILITY, PROTECTED VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED CATEGORIES.*

**IMPORTANT: PLEASE COMPLETE THE ENTIRE APPLICATION, EVEN IF YOU HAVE SUPPLIED A RESUME.  
PLEASE PRINT CLEARLY.**

DATE	LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER INCLUDING AREA CODE	EMAIL ADDRESS
PRESENT ADDRESS		CITY, STATE, ZIP CODE	HOW LONG?
POSITION DESIRED?		PART TIME	FULL TIME
		DATE YOU CAN START	
SALARY DESIRED			
ARE YOU CURRENTLY EMPLOYED?		IF SO, MAY WE CALL YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED HERE BEFORE?		IF SO, WHEN?	
HAVE YOU EVER WORKED HERE BEFORE?		IF SO, WHEN?	
REASON FOR LEAVING			
WHO REFERRED YOU TO COMMERCIAL BANK?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> School <input type="checkbox"/> Relative <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other			
DO YOU KNOW ANYONE WHO WORKS FOR COMMERCIAL BANK? _____ YES _____ NO			
IF YES, PLEASE IDENTIFY WHO AND THE NATURE OF THE RELATIONSHIP.			

### EDUCATIONAL INFORMATION

LIST HIGH SCHOOLS, COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS, OR OTHER SPECIALIZED TRAINING YOU ATTENDED:				
SCHOOL NAME AND LOCATION (CITY AND STATE)	GRADE AVERAGE	Did You Graduate?	DEGREE	MAJOR

### SPECIALIZED/CLERICAL/BUSINESS SKILLS

CHECK OFFICE MACHINES YOU CAN OPERATE:	CHECK SOFTWARE YOU CAN USE:
<input type="checkbox"/> CALCULATOR BY SIGHT <input type="checkbox"/> AS400 <input type="checkbox"/> CALCULATOR BY TOUCH <input type="checkbox"/> PC	<input type="checkbox"/> WINDOWS <input type="checkbox"/> BASIC/INTERMEDIATE WORD <input type="checkbox"/> BASIC/INTERMEDIATE EXCEL <input type="checkbox"/> ADVANCED WORD <input type="checkbox"/> ADVANCED EXCEL <input type="checkbox"/> VERTEX TELLER SOFTWARE
ARE THERE ANY OTHER JOB-RELATED EXPERIENCES, SKILLS, QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING?	

## SECURITY INFORMATION AND EMPLOYMENT ELIGIBILITY

PLEASE ANSWER THE FOLLOWING QUESTIONS
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____ YES _____ NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO (A criminal conviction is not an automatic bar to employment.)
IF YES, EXPLAIN.
HAVE YOU EVER ENTERED A PRETRIAL DIVERSION OR SIMILAR PROGRAM FOR OR BEEN CONVICTED OF ANY OFFENSE INVOLVING DISHONESTY, BREACH OF TRUST OR MONEY LAUNDERING? _____ YES _____ NO
IF YES, EXPLAIN.
HAVE YOU BEEN TOLD THE ESSENTIAL FUNCTIONS OF THE JOB OR HAVE YOU BEEN SHOWN A COPY OF THE JOB DESCRIPTION LISTING THE ESSENTIAL FUNCTIONS OF THE JOB? _____ YES _____ NO ]
IF YES, CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____ YES _____ NO (Please answer yes or no only.)

## RECORD OF EMPLOYMENT

FILL IN COMPLETELY BEGINNING WITH PRESENT OR LAST EMPLOYER.			
NAME OF PRESENT OR LAST EMPLOYER		TYPE OF BUSINESS	
COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE, ZIP)		PHONE NO.	STARTING & ENDING DATES:
NAME AND TITLE OF YOUR SUPERVISOR		STARTING PAY	FINAL PAY
GIVE YOUR JOB TITLE AND DESCRIBE YOUR SPECIFIC DUTIES	REASON FOR LEAVING		

NAME OF PRIOR EMPLOYER		TYPE OF BUSINESS	
COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE, ZIP)		PHONE NO.	STARTING & ENDING DATES:
NAME AND TITLE OF YOUR SUPERVISOR		STARTING PAY	FINAL PAY
GIVE YOUR JOB TITLE AND DESCRIBE YOUR SPECIFIC DUTIES	REASON FOR LEAVING		

NAME OF PRIOR EMPLOYER		TYPE OF BUSINESS	
COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE, ZIP)		PHONE NO.	STARTING & ENDING DATES:
NAME AND TITLE OF YOUR SUPERVISOR		STARTING PAY	FINAL PAY
GIVE YOUR JOB TITLE AND DESCRIBE YOUR SPECIFIC DUTIES	REASON FOR LEAVING		

**IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.**

## REFERENCES

<i>LIST THE NAMES OF THREE PERSONS YOU HAVE KNOWN AT LEAST ONE YEAR. EXCLUDE RELATIVES AND FORMER EMPLOYERS.</i>			
<i>NAME</i>	<i>TELEPHONE NUMBER &amp; ADDRESS (CITY AND STATE)</i>	<i>OCCUPATION</i>	<i>YEARS ACQUAINTED</i>

## CONDITIONS OF EMPLOYMENT

I certify that all the information provided by me on my employment application is true, correct, complete, and without material omission. I understand that false statements, omissions or misrepresentations of information provided or requested on this application, my resume, during an interview, or at any point during the application process may result in the withdrawal of my application from further consideration for employment, or termination of my employment if discovered after hire. I agree that Commercial Bank shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

I understand and agree that to be considered for an offer of employment at Commercial Bank, I must satisfactorily complete a pre-employment screen that includes criminal background checks, verification of education, prior employment and other information submitted on my application, and may include a pre-employment credit check. I hereby authorize any person, agency, current employer or its agents, former employer or its agents, school, trade school, college, or university to release any and all information and or records pertaining to or otherwise relating to my employment, application for employment, education, or training in the possession, custody, or control of such person, agency, current or former employer, school, trade school, college, or university. Further, I voluntarily and knowingly release any person, agency, current or former employer, school, trade school, college, or university from any and all claims, damages, or liabilities whatsoever for releasing any or all such information in their possession, custody or control to Commercial Bank, or its agent or agents.

I hereby acknowledge that Commercial Bank has informed me of its drug screening policy and its desire to maintain a safe and productive workplace. I understand that part of the application process may include submitting to a drug test to determine the use of illegal drugs. I hereby agree to submit to such tests and authorize the release of the results to those bank representatives with a need to know. I understand that positive findings will result in immediate disqualification and the removal of my name for consideration for the position for which I am applying. I also understand that job applicants who refuse to consent to a drug test will be denied employment with Commercial Bank.

If I am employed with Commercial Bank, I will comply with all rules and regulations as set forth in any communication distributed to Commercial Bank employees. I understand that any employment relationship is "at will" and may be terminated at any time with or without cause and with or without notice at the option of either Commercial Bank or myself. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby acknowledge that I have read and understand the above statements.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

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

## **CREDIT REPORTING DISCLOSURE**

As an applicant for a position of employment with Commercial Bank and Trust Company, you are hereby notified that a credit report may be required to assist us in our hiring decision.

The report will be used for employment decisions (as defined in the Fair Credit Reporting Act, §603(h) such as hiring, promotions, retention, and transfers. Commercial Bank further certifies to you, and the credit bureau, that the report will not be used in violation of any applicable federal or state Equal Employment Opportunity law or regulation.

Prior to our taking any adverse employment action based in whole or in part on the credit report, we will provide you with a copy of the report and a written description of your rights.

"I, the undersigned applicant, acknowledge receipt of the above disclosure, acknowledge that I have read and understood its contents and by execution hereof, authorize Commercial Bank and Trust Company to obtain a credit report on me for employment purposes."

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

# COMMERCIAL BANK AND TRUST COMPANY

## TEST FOR OBSERVATION AND APPLICATION OF BEHAVIORAL STYLES

No one exhibits a single behavior style-- we normally display combinations of styles, depending on the environment we're in at the time.

**Please mark the box of the one answer on each line that is most like you. Please do not skip an answer on any line.**

<b>(R)</b> Loud, fast emphatic speech	<b>(L)</b> Low, slow unassuming speech
<b>(A)</b> Shares personal feelings and stories in conversation	<b>(B)</b> Limits personal feelings and stories in conversation
<b>(L)</b> Supportive and cooperative expressions and body posture	<b>(R)</b> Challenging and competitive expressions and body posture
<b>(B)</b> Time disciplined	<b>(A)</b> Time undisciplined
<b>(L)</b> Slow paced	<b>(R)</b> Fast paced
<b>(A)</b> Considerable and/or open body and hand movement	<b>(B)</b> Limited and/or controlled body and hand movement
<b>(R)</b> Tend to lean forward to stress points	<b>(L)</b> Tend to lean back in conversation
<b>(B)</b> Somewhat expressionless	<b>(A)</b> Animated facial expressions
<b>(R)</b> Tend to dominate conversation	<b>(L)</b> Infrequent contributor to conversation
<b>(A)</b> More interested in opinions than facts	<b>(B)</b> More interested in facts than opinions
<b>(L)</b> Limited effort to take a stand	<b>(R)</b> Strong effort to take a stand
<b>(B)</b> Serious, critical, and/or defensive expressions and body postures	<b>(A)</b> Open, enthusiastic, and/or friendly expressions and body postures
<b>(R)</b> State strong opinions, tend to use power or take social initiative	<b>(L)</b> Reserve opinions, avoid using power or allow others to take social initiative
<b>(A)</b> Actions open and eager, feeling-oriented, and/or emotional decision-maker	<b>(B)</b> Action cautious and careful, thinking-oriented, and/or rational decision-maker

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Background Check, Consumer Report, Continuous Monitoring Disclosure**

In connection with your [business / employment / tenant] application or other [business / employment / tenant] purpose, Commercial Bank & Trust, will seek background information about you from a consumer reporting agency. This information may be in the form of both consumer reports and investigative consumer reports.

These reports may be obtained at any time after Commercial Bank & Trust, receives authorization from you, [including any time during your business relationship or the period of your employment if Commercial Bank & Trust hires you] and may be ongoing or continuous in nature.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation and other characteristics that is expected to be used for [business / employment / tenant] purposes. Consumer reports may include credit reports, real property and personal property reports, criminal records, voter registration and driving records (including Motor Vehicle Records, FMCSA PSP Records, DOT Drug Testing, DOT Pre-employment Verification and Identity Verification), among other resources. Investigative consumer reports include similar information as consumer reports, as well as information related to your general reputation, personal characteristics, or mode of living, which is obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

ActiveTracks, or another consumer reporting agency, will obtain the reports for Commercial Bank & Trust. You have the right to request information from Commercial Bank & Trust, about the nature and scope of any investigative consumer report on you that is requested by Commercial Bank & Trust. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure. For more information about your rights under the FCRA, please go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). You are also being provided any applicable security freeze information.

**New York Consumers** - You have the right to inspect and receive a copy of any investigative consumer report by contacting the consumer reporting agency identified below directly. You may also contact Employer/Client to request the name, address and telephone number of the nearest unite of the consumer reporting agency designated to handle inquiries, which the Employer/Client shall provide within 5 days.

The consumer and/or investigative consumer report(s) will be obtained from:

ActiveTracks  
6075 Poplar Avenue, SUITE 223  
MEMPHIS, TN 38119  
(800) 311 - 6075

**Authorization to Obtain Consumer Report and for Continuous Monitoring**

I acknowledge that I have received and read the *Background Check, Consumer Report, Continuous Monitoring Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* and this authorization. I certify that I understand the documents I have received.

I hereby authorize Commercial Bank & Trust, or its authorized agents, for \_\_\_\_\_ employment/business/leasing purposes, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization. I understand that this reporting may be ongoing or continuous in nature during my employment.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, state motor vehicle departments, and other individuals and entities to provide any and all information that is requested by ActiveTracks, other consumer reporting agencies or Commercial Bank & Trust.

I certify that the information provided on this form is true and correct. I understand that any information that I provide may be used to obtain consumer reports and investigative consumer reports. Furthermore, I release and indemnify ActiveTracks and Commercial Bank & Trust against any liability that might result from conducting such background checks.

_____ Signature	_____ Date of Birth
_____ Printed name	_____ Social security number
_____ Date	_____ DL State & number
_____ Home address	_____ Previous address
_____ Company Name / Fund Name	_____ Title

**The information provided will be used for background check and continuous monitoring purposes.** \_\_\_\_\_  
CRD# (If Applicable)

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- C 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.
- C 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:
  - C** a person has taken adverse action against you because of information in your credit report;
  - C** you are the victim of identify theft and place a fraud alert in your file;
  - C** your file contains inaccurate information as a result of fraud;
  - C** you are on public assistance;
  - C** you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- C You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness 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.
- C 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.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- C 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.



- C 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.
- C 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.
- C 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.ftc.gov/credit](http://www.ftc.gov/credit).
- C 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 1-888-5-OPTOUT (1-888-567-8688).
- C 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.
- C Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

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

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

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 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: \_\_\_\_\_

## VETERANS PRE- AND POST-OFFER SELF-IDENTIFICATION FORM

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) which requires Government contractors to take affirmative action to employ and advance in employment protected veterans categories as follows:
  - **Disabled Veteran** is either (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
  - **Recently Separated Veteran** is 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** is 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.
  - **Armed Forces Service Medal Veteran** is 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](#).
2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the VEVRAA. Please check as appropriate:
  - I identify as one or more of the classifications of protected veteran listed above
  - I am not a protected veteran
  - I do not wish to answer
3. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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Print Name

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Date

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Signature

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Job Title

**APPLICATION VOLUNTARY SOLICITATION  
FOR RECORD KEEPING ONLY**

Applicants and employees are treated during the hiring process and employment tenure without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship, age, veteran status, disability, genetic information, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. Your completion of this Data Record is voluntary. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

**VOLUNTARY SURVEY**

Print Name: \_\_\_\_\_

Job applying for (print): \_\_\_\_\_

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

Check one:

Male       Female

Check one (Race/Ethnicity):

- Hispanic or Latino** - a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** a person having origins in any of the black racial groups of Africa.
- Asian** - a person having 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** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** - a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.