

## VOLUNTARY APPLICANT DATA

Applicants at Chicago Tube and Iron Company are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age (40+), marital or veteran status, or disability. As a government contractor, we also comply with governmental regulations regarding affirmative action.

In order for us to comply with certain recordkeeping requirements, we ask that you fill out this document. This information is used solely for governmental reporting and will be kept in a confidential file separate from your application for employment. **Please return to Chicago Tube & Iron, Attn: Human Resources, One Chicago Tube Drive, Romeoville IL 60446, or fax to #215-243-8556 or email to [humanresources@chicagotube.com](mailto:humanresources@chicagotube.com).**

### Please print:

Date:

Position applied for:

Name:

Address:

City/State/Zip:

Phone:

### Please indicate referral source:

Advertisement

Friend

Relative

Employment Agency

Other (List here):

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### Affirmative Action Survey

Government agencies require periodic reports on the sex and ethnicity of applicants. This data is for analysis and affirmative action only. **Submission of information is voluntary.**

Sex: Male Female

Race/Ethnic Group: Hispanic White Black Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Two or more races

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### Definitions:

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**White** – (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black** – (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

**Asian** – (Not of Hispanic origin) – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaskan Native** – (Not of Hispanic origin) – All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

**Native Hawaiian or Pacific Islander** – (Not of Hispanic origin) – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** – (Not of Hispanic origin) – All persons who identify with more than one of the above races.

## Invitation to Self-Identify Protected Veteran Status

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), 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.

Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. 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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### INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you identify as one (or more) of the following protected veteran categories? Please check the appropriate box below.

**Disabled Veteran:** (i) 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 Veteran Affairs; or (ii) 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.

**Armed Forces Service Medal Veteran:** 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 medal was awarded pursuant to Executive Order 12985.

**Active Duty Wartime or Campaign Badge Veteran:** a veteran who served 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.

- I am a protected veteran.
- I am not a protected veteran.
- I prefer not to answer.

In addition to our affirmative action obligations, we value all forms of military service. If you are not a protected veteran as described above but would like to disclose your status as a member of the military, you may do so below. Are you currently serving, or have you served, in the Armed Forces of the United States of America (including the Reserves and National Guard)?

- Yes
- No
- I prefer not to answer.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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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.<sup>1</sup> 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

## 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.

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<sup>i</sup> 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.