



APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

To Be Completed by All Applicants for Employment

Thank you for expressing an interest in employment with WaterFurnace International, Inc.

OUR COMPANY CONSIDERS QUALIFIED APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, DISABILITY, GENETIC INFORMATION, GENDER, AGE, SEXUAL ORIENTATION, COVERED VETERANS STATUS, OR ANY OTHER PROTECTED STATUS. AS AN EQUAL OPPORTUNITY EMPLOYER AND A FEDERAL CONTRACTOR, VARIOUS GOVERNMENT AGENCIES (E.G., THE U.S. DEPT. OF LABOR) REQUIRE US TO REPORT CERTAIN DATA ABOUT APPLICANTS AND MAINTAIN AN AFFIRMATIVE ACTION PLAN. WE MUST TRY TO OBTAIN ACCURATE INFORMATION ABOUT RACE/ETHNIC GROUP AND SEX/GENDER FOR ALL APPLICANTS. THE INFORMATION OBTAINED MAY ONLY BE USED IN ACCORDANCE WITH THE PROVISIONS OF APPLICABLE LAWS, EXECUTIVE ORDERS, AND REGULATIONS, INCLUDING THOSE THAT REQUIRE THE INFORMATION TO BE SUMMARIZED AND REPORTED TO THE FEDERAL GOVERNMENT FOR CIVIL RIGHTS ENFORCEMENT. WHEN REPORTED, DATA WILL NOT IDENTIFY ANY SPECIFIC INDIVIDUAL. THE INFORMATION COLLECTED ON THIS FORM IS MAINTAINED IN A SECURE AND CONFIDENTIAL MANNER AND IS NOT COMMUNICATED TO PERSONS MAKING HIRING OR OTHER EMPLOYMENT DECISIONS. WHILE YOUR REPLY WILL BE MOST HELPFUL TO USE IN REPORTING ACCURATE DATA, DISCLOSURES IN SECTION II ARE COMPLETELY VOLUNTARY. CHOOSING NOT TO PROVIDE THIS INFORMATION WILL NOT LEAD TO ANY ADVERSE TREATMENT.

BY COMPLETING THIS FORM, YOU ARE VERIFYING THAT YOUR INFORMATION IS ACCURATE AND THAT YOU UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL; THAT DISCLOSURE OF THIS INFORMATION DOES NOT IN ANY WAY EFFECT WHETHER OR NOT YOUR APPLICATION RECEIVES CONSIDERATION; AND THAT THE SOLE USE OF THIS INFORMATION IS FOR INCLUSION IN STATISTICAL REPORTS REQUIRED BY VARIOUS GOVERNMENTAL REGULATIONS AND AGENCIES.

TO COMPLETE THE FORM, CLICK ON A BOX AND BEGIN TYPING. COMPLETE A COMPLETE A SEPARATE FORM FOR EACH POSITION THAT YOU SEEK.

SECTION I: Required Information – Name and Status

NAME:			APPLICANT ID NO. (LEAVE BLANK):
LAST	FIRST	MIDDLE	
POSITION OF INTEREST:		POSITION NUMBER:	DATE OF APPLICATION:
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?			Yes No
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR VISA STATUS?			Yes No

SECTION II: Voluntary Disclosures – Sex/Gender and Race Ethnicity

PLEASE CHECK ONLY ONE BOX:	WHAT IS YOUR SEX/GENDER?	Male	Female
PLEASE CHECK ONLY ONE BOX: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	DEFINITIONS: A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE (NOT PERSONS (1) OF PORTUGUESE DESCENT OR (2) FROM CENTRAL OR SOUTH AMERICA WITH NO SPANISH ORIGIN OR CULTURE).		
NOTE: IF YOU CHECKED THE BOX "HISPANIC OR LATINO" ABOVE, YOU ARE READY TO SUBMIT THE FORM. IF NOT, PLEASE CONTINUE.			
PLEASE CHECK ONLY ONE BOX: <input type="checkbox"/> White (NOT HISPANIC/LATINO) <input type="checkbox"/> Black / African American (NOT HISPANIC/LATINO) <input type="checkbox"/> Native Hawaiian / Other Pacific Islander (NOT HISPANIC/LATINO) <input type="checkbox"/> Asian (NOT HISPANIC/LATINO) <input type="checkbox"/> American Indian / Alaskan Native (NOT HISPANIC/LATINO) <input type="checkbox"/> Two or More Races (NOT HISPANIC/LATINO)	DEFINITIONS: A PERSON WITH ORIGINS IN ANY ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR N. AFRICA. A PERSON WITH ORIGINS IN ANY BLACK RACIAL GROUPS OF AFRICA. A PERSON WITH ORIGINS IN ANY PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS. A PERSON WITH ORIGINS IN ANY 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. A PERSON WITH ORIGINS IN ANY ORIGINAL PEOPLES OF NORTH, CENTRAL AND SOUTH AMERICA WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT. ALL PERSONS IDENTIFYING WITH MORE THAN ONE OF THE ABOVE FIVE RACES.		

THANK YOU FOR YOUR COOPERATION.



Invitation to Veterans to Self-Identify

WaterFurnace International, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment 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:

- A "disabled veteran" is one of the following:
 - 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**
 - 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.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Acts. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box 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 we undertake pursuant to VEVRAA.

Name: _____ Date: _____

Position employed in or applied for:

☐ I identify as one or more of the classifications of protected veterans listed above

☐ I am not a protected veteran

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.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

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.

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.