

## Employment Application Instructions

Thank you for your expression of interest in employment with Caldwell Tanks, Inc.

Caldwell is an Equal Employment/Affirmative Action Employer and has a long standing commitment to equal employment opportunity to all qualified persons. There shall be no discrimination against applicants or employees because of race, color, religion, gender, national origin, disability, or veteran status.

Employment applications will be accepted only for open positions and from those applicants who meet the minimum requirements of that open position. Unsolicited résumés are not considered. It is necessary to submit a separate application for another position in order to express interest in that position.

Please answer all questions on this form and inserts to the best of your ability so that your qualifications may be carefully reviewed and given thorough consideration. All sections must be completed in it's entirety. No question on this application is intended to secure information to be used for the purposes of discriminating. Any misrepresentation of the facts, omitted or false statements on this application may result in immediate disqualification of this application or immediate dismissal after employment begins.

- \*Personal information – complete all sections;
- \* Position Applied for – Enter the name of the position for which you meet the minimum requirements;
- \* Education – List all schools attended;
- \* Employment Experience – Complete this section, entering your most recent job first;
- \* Military Service Record – Answer yes or no to both questions;
- \* Experience / Skills / Equipment Knowledge – check applicable items;
- \* Personal References – Supply detailed information (not relatives or former employees);
- \* Statement – Please read carefully –sign and date application.
- \* Review and complete Invitation to Self Identify;
- \* Review and complete Authorization for Release of Background Information;
- \* Submit completed application and inserts to front desk.

Caldwell will contact persons selected for the next step. No call means the application was not selected.

***An Affirmative Action / EOE / Minorities / Females / Disabled / Veteran's Employer***



# CONFIDENTIAL APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN INK

## TO THE APPLICANT

The Federal Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 prohibit discrimination in employment practices because of race, color, religion, sex, disability, or national origin. The Federal Age Discrimination in Employment Act of 1968 and State laws further prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is the policy of Caldwell Tanks, Inc. to observe these laws.

Please answer all questions on this form to the best of your ability so that your qualifications may be carefully reviewed and given thorough consideration. No question on this application is intended to secure information to be used for the purposes of discriminating.

<b>PERSONAL</b>						
NAME	LAST	FIRST	MIDDLE			
PRESENT ADDRESS	STREET			HOME ( ) -		
				CELL ( ) -		
				WORK ( ) -		
CITY	STATE	ZIP	FROM:	TO:	SOCIAL SECURITY #	
ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES?				YES _____	NO _____	

<b>POSITION OBJECTIVE</b>				
POSITION APPLIED FOR	FULL TIME _____ PART TIME _____	SHIFTS 1ST___2ND___3RD___	SALARY EXPECTED \$/_____/Yearly	START DATE
HAVE YOU PREVIOUSLY APPLIED FOR A POSITION OR WORKED FOR CALDWELL TANKS, INC.? YES_____ NO_____		IF YES, WHEN? _____ POSITION HELD _____		
IF YOU ARE ACQUAINTED WITH OR RELATED TO ANY CALDWELL TANKS, INC. EMPLOYEE OR DIRECTOR, PLEASE INDICATE NAME AND RELATIONSHIP. _____				

<b>EDUCATION</b> (List Name of Last School/Institution Attended for Each Category)					
NAME, ADDRESS, CITY, STATE, AND ZIP	MAJOR COURSE OR SUBJECT	LAST YEAR COMPLETED	GRADUATED YES OR NO	GPA	DEGREE
HIGH SCHOOL OR PREPARATORY					
BUSINESS / VOCATIONAL / OTHER					
COLLEGE					

# MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU DISCHARGED FROM THE ARMED SERVICES UNDER HONORABLE CONDITIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

## INDICATE EXPERIENCE / SKILLS / OR EQUIPMENT KNOWLEDGE

(Tests May be Administered for Proof)

- |  |   |
|--|---|
| _____ TYPING _____ W.P.M.  | _____ PURCHASING                          |
| _____ SHORTHAND _____ W.P.M.   | _____ SAFETY                              |
| _____ DICTAPHONE   | _____ LOSS CONTROL                        |
| _____ PERSONAL COMPUTER  | _____ CONTRACT ADMINISTRATION             |
| _____ PC-BASED WORD PROCESSING SOFTWARE  | _____ PROJECT MANAGEMENT                  |
| _____ PC-BASED SPREADSHEET SOFTWARE  | _____ STEEL FABRICATION                   |
| _____ PC-BASED ACCOUNTING SOFTWARE   | _____ WELDING                             |
| _____ ACCOUNTING   | _____ PAINTING                            |
| _____ PROGRAMMING  | _____ SUPERVISION / MANAGERIAL EXPERIENCE |
| _____ ENGINEERING  | _____ FIELD CONSTRUCTION                  |
| _____ DRAFTING   | _____ ESTIMATING / SALES                  |
| _____ CAD-CAM  | _____ BLUEPRINT INTERPRETATION            |
| _____ VALID DRIVER'S LICENSE (Please check<br>only if you are applying for truck driver position.) | _____ OVERHEAD CRANE _____                |
| _____ Other _____  | _____ FORKLIFT                            |

WHY ARE YOU INTERESTED IN EMPLOYMENT WITH CALDWELL TANKS? \_\_\_\_\_

# EMPLOYMENT EXPERIENCE (List All Full Time and Part Time Employment; List Recent First)

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		

MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)
-------	-------	--------------------------------------

STARTING POSITION	ENDING POSITION	STARTING SALARY: \$ _____ / HR. _____ MO _____
		ENDING SALARY: \$ _____ / HR. _____ MO _____

DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		

MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)
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STARTING POSITION	ENDING POSITION	STARTING SALARY: \$ _____ / HR. _____ MO _____
		ENDING SALARY: \$ _____ / HR. _____ MO _____

DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		

MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)
-------	-------	--------------------------------------

STARTING POSITION	ENDING POSITION	STARTING SALARY: \$ _____ / HR. _____ MO _____
		ENDING SALARY: \$ _____ / HR. _____ MO _____

DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

# PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
_____	_____	_____
(City, State & Zip)	(City, State & Zip)	(City, State & Zip)
PHONE NUMBER _____	PHONE NUMBER _____	PHONE NUMBER _____
OCCUPATION: _____	OCCUPATION: _____	OCCUPATION: _____

## STATEMENT (Please read carefully)

I hereby certify that the answers given and statements made are true and correct. I understand that misrepresentation of the facts, or omitted or false statements on this application may result in immediate disqualification of this application or immediate dismissal after employment begins. I hereby authorize all my previous employers and references to furnish any information concerning my personal character or employment records. You may make investigation through credit and other investigating agencies, and I release persons making such inquiries from liability or damages incurred as a result of inquiry and furnishing this information. I agree that the submission of this application to Caldwell Tanks, Inc. and its acceptance does not imply that there are any positions open and does not in any way obligate Caldwell Tanks, Inc. I understand and agree that if employed, my employment will be for no fixed term and will be terminable at will by either party at any time with or without cause and without any previous notice from the employer. If employed, I agree to comply with all rules of Caldwell Tanks, Inc.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE (Full Name)

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## DO NOT WRITE BELOW THIS SPACE

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INTERVIEWER(S) \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TENTATIVE ACTION TAKEN \_\_\_\_\_

\_\_\_\_\_

FINAL ACTION TAKEN \_\_\_\_\_

# **Caldwell Tanks, Inc.**

## **Consumer Reports Notification**

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or thorough personal interview with your neighbors, friends, associate or education facility.



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Caldwell Tanks, Inc.

**Employer** (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, **800-752-6432**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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



**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, 800-752-6432 and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

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





**BACKGROUND INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Other Names/Alias \_\_\_\_\_  
Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Driver's License\*\* \_\_\_\_\_  
Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service, bureau, school, employer, reference, insurance company, or any other source contacted by DISA or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

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

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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

### **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.consumerfinance.gov/learnmore](http://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](http://www.consumerfinance.gov/learnmore) for additional information.

- **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.

- **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](http://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](http://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](http://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:**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### 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>1</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.

# Caldwell

## Job Applicant Self Identification of Race/Ethnicity and Gender

**Caldwell** is a federal contractor subject to Title 41, Part 60 of the Code of Federal Regulations, Equal Employment Opportunity, which requires us to develop and implement affirmative action plans to ensure equal employment opportunity and non-discrimination. Therefore, in an effort to comply with applicable government regulations, and to ensure equality of employment opportunities to all individuals, we are requesting that you assist us in our effort by providing us with the following information. **This form will be used for statistical purposes only. Your submission of this information is voluntary.** Failure to provide this information will not affect our consideration of your application for employment. This document will not become part of your employment application or personnel file in the event that you are hired.

**ETHNICITY/RACE:**

- Hispanic or Latino
- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- I do not wish to self-identify

- Gender:**  Male  
 Female

**Position Applied For:**

\_\_\_\_\_

**How Did You Find Out About This Position:**

- Newspaper or Other Publication
- State Employment Office
- High School or Career Office
- Internet Website
- Caldwell Employee Referral
- Caldwell Website

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

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

**For those mailed to internet applicants, please return this completed form via email or in the enclosed self addressed/stamped envelope.**

*If you have any questions about the government requirements or this request, please contact our office of Human Resources at 502-964-3361 or email [gfranke@caldwelltanks.com](mailto:gfranke@caldwelltanks.com)*

**Caldwell supports a diverse workforce and is a Drug Testing and Equal Opportunity Employer, Males, Females, Veterans and Persons with a Disability**



**Veteran Status Pre-Offer Solicitation**

Caldwell is a Government contractor 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**
- (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 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.

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.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my veteran status

\_\_\_\_\_  
**Employee Name**

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