# Cross County Savings Bank

#### APPLICATION FOR EMPLOYMENT

We appreciate your interest in Cross County Savings Bank (the "Bank"). The Bank is an equal employment opportunity employer. The Bank prohibits discrimination and harassment against any applicant, intern or employee based on race (including traits historically associated with race, such as hair texture and protective hair styles), color, sex (including pregnancy, childbirth, lactation, and related medical conditions), religious creed, national origin, ancestry, citizenship and immigration status, age (18 and over), physical or mental disability, uniformed service member status, veteran status, sexual orientation, gender identity/expression, marital status, partnership status, familial status, caregiver status, status as a victim of domestic violence, sex offense or stalking, unemployment status, sexual and reproductive health decisions, genetic information or any other basis protected by applicable federal, state, or local laws. Federal law requires employers to provide reasonable accommodation to gualified 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.

|   | <b>GENERAL INFORMATION</b><br>Please complete all requested information. Use ink and print. |   |   |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|
| Location                                  |   | Today's Date  | Position Applying For   |  |  |  |  |  |
| Name (Last)                               | (First)   | (Middle)  | Minimum Salary Desired Date Available for Work  |  |  |  |  |  |
| Street Address                            |   |   | Are you at least 18 years old?  Yes  No   |  |  |  |  |  |
| City                                      | State   | Zip   | Telephone (Home) Telephone (Work)   |  |  |  |  |  |
|   |   |   | ( ) - ( ) -   |  |  |  |  |  |
|   | •   | ame(s) which is (are)   | Are you available to work overtime as needed?   |  |  |  |  |  |
|   |   | r for us to verify your<br>ord? □ Yes □ No                      | □ Yes □ No  |  |  |  |  |  |
| If yes, please provide the other name(s): |   |   | If yes, are you available weekdays? weekends?   |  |  |  |  |  |
|   | n any of our loca   | or applied for a position<br>tions either as an<br>ment agency? | Are you related to or in a close personal relationship with anyone now<br>employed at the Bank? (An answer of "Yes" will not automatically<br>disqualify you from the position for which you are applying.) |  |  |  |  |  |
| 🗆 Yes 🗆 No                                |   |   | 🗆 Yes 🗆 No  |  |  |  |  |  |
| If yes, please exp<br>capacity:           | blain when and, i   | f employed, in what   | If yes, state name(s) and where they are located.   |  |  |  |  |  |

| PERMISSION TO WORK  |
|---|
| 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 |

#### WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

#### Do not provide information about your current or prior salary, wages or compensation.

|   | Company Name                                | Telephone                 |
|---|---|---------------------------|
|   |   | ( ) -                     |
|   | Address                                     | Employed (Month and Year) |
|   |   | From To                   |
| 1 | Name, Title, and Phone Number of Supervisor | Reason for Leaving:       |
|   |   |                           |
|   | Job Title, and Work Responsibilities        |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |

|   | Company Name                                | Telephone         |             |
|---|---|-------------------|-------------|
|   |   | ( ) -             |             |
|   | Address                                     | Employed (Month   | n and Year) |
| 2 |   | From              | То          |
|   | Name, Title, and Phone Number of Supervisor | Reason for Leavin | g:          |
|   |   |                   |             |
|   | Job Title, and Work Responsibilities        |                   |             |
|   |   |                   |             |
|   |   |                   |             |
|   |   |                   |             |

|   | Company Name                                | Telephone                 |
|---|---|---------------------------|
|   |   | ( ) -                     |
|   | Address                                     | Employed (Month and Year) |
| 3 |   | From To                   |
| _ | Name, Title, and Phone Number of Supervisor | Reason for Leaving:       |
|   |   |                           |
|   | Job Title, and Work Responsibilities        |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |

|   | <b>WORK EXPERIENCE</b><br>(Continued)       |                           |
|---|---|---------------------------|
|   | Company Name                                | Telephone                 |
|   |   | ( ) -                     |
|   | Address                                     | Employed (Month and Year) |
|   |   | From To                   |
| 4 | Name, Title, and Phone Number of Supervisor | Reason for Leaving:       |
|   |   |                           |
|   | Job Title, and Work Responsibilities        |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |

| All employ | ers inclu | iding your | currer | nt em | ployer | may be | contac | ted to verify the information you provide. | May we contact your |
|------------|-----------|------------|--------|-------|--------|--------|--------|--|---------------------|
|            |           |            | ~~     | ~     |        |        |        | _  |                     |

current employer prior to any offer of employment? Yes  $\Box$  No  $\Box$ 

# CONFLICTS OF INTEREST

Former government personnel and public accounting firm employees may be subject to certain conflict of interest restrictions on private employment activities after they leave government or public accounting firm employment. The Bank complies with all such restrictions and asks the next two questions on this application to ensure such compliance.

Are you now employed with, or during the past two (2) years have you been employed with (i) a federal or state government banking agency or other agency with oversight over banks or other financial institutions (e.g., FDIC, OCC, Federal Reserve Board, Regional Reserve Bank, CFPB, FINRA, NYDFS, etc.), or (ii) a public accounting firm? Yes D No D

If you answered "Yes," please provide the following information:

Please list the government agency/agencies and/or public accounting firm(s), dates of employment and position(s) held.

| Agency / Firm | Dates of Employment | Position(s) Held |  |
|---------------|---------------------|------------------|--|
|               |                     |                  |  |
|               |                     |                  |  |
|               |                     |                  |  |

Have you ever worked on any matters involving the Bank or any of its affiliates? Yes D No D

Do you have a spouse, spousal equivalent (such as registered domestic partner or civil union partner), parent, dependent, nondependent child or sibling who is employed with, or during the past two (2) years has been employed with (i) a federal or state banking agency or other agency with oversight over banks or other financial institutions (e.g., FDIC, OCC, Federal Reserve Board, Regional Reserve Bank, CFPB, FINRA, etc.), or (ii) a public accounting firm? Yes D No D

If you answered "Yes," please provide the following information:

Please list the government agency/agencies and/or public accounting firm(s), dates of employment and position(s) held.

| Agency / Firm | m Dates of Employment |  |
|---------------|-----------------------|--|
|               |                       |  |
|               |                       |  |
|               |                       |  |

Have they ever worked on any matters involving the Bank or any of its affiliates? Yes 🗆 No 🗖

|  |   | <b>FION &amp; TRAIN</b><br>et, city, state and zip                      | -  |  |  |  |  |
|--|---|---|--|--|--|--|--|
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  | •   |   |  |  |  |  |  |
| If yes, please explair   |   |   |  |  |  |  |  |
| Yes 🔲 No 🗖   |   |   |  |  |  |  |  |
| responsibilities for t   | y contract or agreement from: (1) acce<br>he Bank; (3) engaging in activities comp<br>yee to leave the employ of any past em  | petitive with any activ   | vities of any past employer;   | ; (4) directly or indirectly   |  |  |  |
|  | e detail (background/history of your of ally exposed person, detail the connect   |   |  |  |  |  |  |
| executive, legislativ<br>political party, a ser<br>benefit of such indiv | Are you, a family member, or a close associate a politically exposed person, defined as a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government (whether elected or not), a senior official of a political party, a senior executive of a state- or government-owned enterprise, corporation, business or entity formed by or for the benefit of such individual? Yes $\Box$ No $\Box$ |   |  |  |  |  |  |
|  | analaan ay a alaan aaaasista a soo 191  |   |  |  |  |  |  |
| Please describe in d   | etail if you checked one or more of the f   | first three boxes:  |  |  |  |  |  |
| None of the Abov   | _   |   |  |  |  |  |  |
|  | ive(s) who is/are a foreign official(s)/for<br>ated to a current or former foreign offi   |   | )  |  |  |  |  |
| -  | oreign official/former foreign official   |   |  |  |  |  |  |
| government or any<br>judicial branch, and<br>government-control          | e following disclosures, a "foreign offic<br>department, agency, or instrumentality<br>whether elected or not) or foreign g<br>led commercial or state enterprise or<br>public international organization, or wo  | y thereof (whether in<br>government entity (ir<br>entity), foreign poli | the executive, legislative, o<br>ncluding a state- or govern<br>tical party or foreign polit | administrative, military, or<br>nment-owned or state- or<br>ical party official, foreign |  |  |  |

| School   | Name and Location of School | Number of Years<br>Completed | Degree | Type of Course/Major |
|----------|-----------------------------|------------------------------|--------|----------------------|
| Graduate |                             |                              |        |                      |
| College  |                             |                              |        |                      |

| High School                  |  |  |
|------------------------------|--|--|
| Business/Trade<br>/Technical |  |  |

### JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

# ADDITIONAL INQUIRIES

If applying for a position that will include driving:

If hired, can you provide a valid driver's license?  $\Box$  Yes  $\Box$  No

If hired, you may be required to provide evidence of insurance or insurability.

|      | PROFESSIONAL REFERENCES |                         |                            |                             |
|------|-------------------------|-------------------------|----------------------------|-----------------------------|
|      | Individuals i           | not related to you. Bus | iness references preferred | -                           |
| Name | Occupation              | Phone                   | Address                    | Years Known<br>and Capacity |
|      |                         |                         |                            |                             |
|      |                         |                         |                            |                             |
|      |                         |                         |                            |                             |

| REFERRAL INFORMA                  | TION                            |
|-----------------------------------|---------------------------------|
| How did you learn about the Bank? | School (state name):            |
| Reputation of Firm                | □ Newspaper ad (name of paper): |
| Referral (state name):            | □ Other:                        |

#### APPLICANT'S STATEMENT & ACKNOWLEDGMENT

# 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 of 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.
- Initial: I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Bank, I will be an at-will employee, meaning that either the Bank or I may end the employment relationship at any time with or without cause or notice. I understand that only the President and CEO of Cross County Savings Bank and the Senior Vice President of Human Resources of Cross County Savings Bank, and no manager, supervisor, or other representative of the Bank, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President and CEO or the Senior Vice President of Human Resources, any such agreements must be in writing and signed by that person and by me. I further understand that nothing contained in this employment application is intended to change or limit at-will employment status with the Bank.
- Initial: I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Bank.

Initial: I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

#### Initial: If I am employed by the Bank, I promise to comply with all policies, rules, regulations and procedures of the Bank.

Initial: I understand that any offer of employment I may receive from Bank will be contingent upon my eligibility for employment under employment standards established by applicable regulatory authorities or regulation (e.g., Section 19 of the Federal Deposit Insurance Act, 12 U.S.C. § 1829, FDIC Statement of Policy; Regulation Z, 12 CFR Part 1026.36; SAFE Act, 12 U.S.C. §§ 5102 et seq. and 12 CFR Part 1007; etc.).

Initial: I understand that the Bank may share the information contained in this application with other Bank employees for employment and administrative purposes and hereby consent to such transfer.

<u>Initial:</u> I hereby authorize the Bank to investigate, verify and discuss all of the information provided by me in this application or during the application or hiring process by contacting my prior employers, colleagues, educational institutions, and other references set forth above, in accordance with applicable law, and by any and all other means authorized or permitted by applicable law. I agree to complete all forms necessary to allow the Bank to complete this investigation and understand that failure to do so may result in the Bank declining to consider my application for employment.

Initial: I understand that the Bank may not ask or require applicants to disclose current or past salary, wages or other compensation.

Massachusetts Applicants: I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland Applicants: I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH OR SIMILAR TEST. N EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF MISDEMEANOR AND SUBMIT TO A FINE NOT EXCEEDING \$100.

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 Bank and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Bank and me on such issues.

| 0                               |   |  |
|---------------------------------|---|--|
|                                 | APPLICANT'S SIGNATURE                               | DATE   |
| This application will only be c | onsidered for 30 days. If you have not been hired w | vithin 30 days of submitting this application and yo |
| wish to con                     | tinue to be considered for employment, you must c   | complete another application.                        |

# **INVITATION TO SELF-IDENTIFY**

| Ν  | 2 | m  | 10 | ٠.         |
|----|---|----|----|------------|
| IN | α | 11 | 10 | <b>.</b> . |

How did you learn about Cross County Savings Bank?

#### PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Cross County Savings Bank is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action, and 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). 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 "Are you Hispanic or Latino?" please check the applicable race box (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 I do not wish to disclose

#### **VETERAN STATUS:**

As a Government contractor, we take affirmative action to employ and advance in employment protected veterans. 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

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Name: Employee ID: Date:

OMB Control Number 1250-0005 Expires 04/30/2026

(if applicable)

#### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

Alcohol or other substance use • Disfigurement, for example,

disorder (not currently using drugs illegally)

- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present) •
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty • hearing
- Diabetes

disfigurement caused by burns, wounds, accidents, or congenital disorders

- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports

migraine headaches, Parkinson's disease, multiple sclerosis (MS)

Nervous system condition, for example,

- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma,
  - emphysema
- Short stature (dwarfism)
- Traumatic brain injury

#### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No. I do not have a disability and have not had one in the past
- I do not want 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 se | ection of the form as needed for recordkeeping purposes.<br>For example: |
| Job Title:                   | Date of Hire:  |