

## VOLUNTARY SELF-IDENTIFICATION SURVEY FOR APPLICANTS — RACE/ETHNICITY AND GENDER —

Keystone Engineering Inc. is an Equal Opportunity Employer. All employment applications are considered and all employment decisions are made without regard to race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, veteran status, disability, or any other protected status. Reasonable accommodations will be made if necessary to allow qualified persons with disabilities to enjoy equal employment opportunity.

In furtherance of our EEO policy, we have adopted a voluntary written affirmative action plan (AAP) for minorities and women. To assist us in our affirmative action efforts and in complying with related recordkeeping requirements, all applicants are asked to complete this **voluntary** self-identification survey. Because your completion of this survey is **entirely voluntary**, neither your completion of the survey nor your desire not to complete all or any part of it will affect the processing or consideration of your employment application. After the information provided on this survey is recorded on the appropriate reporting forms, this survey will be separated from your employment application, filed separately, and used only for purposes consistent with our affirmative action efforts and/or government recordkeeping requirements.

\* \* \* \* \*

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

### GENDER AND RACE/ETHNIC STATUS

I prefer not to provide this information

Gender:         Male                       Female

Check **one** of the following Race/Ethnic Groups:\*

- Hispanic or Latino
- American Indian or Alaska Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- White (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

### Definitions

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**American Indian or Alaska Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian (not Hispanic or Latino):** 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.

**Black or African American (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.

*(Note: If "Two or More Races," is selected you do not need to check another race designation.)*

# Voluntary Self-Identification of Disability

## 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

## 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.

<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.

**VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS  
FOR APPLICANTS AND EMPLOYEES**

Because Keystone Engineering Inc. does business with the federal government, we are required to engage in affirmative action to hire and provide equal opportunity to certain categories of protected veterans, as defined below. We also are required to file annual reports with the government indicating the number of protected veterans hired each year and employed at the time of the report. This survey is designed to assist us in measuring the effectiveness of our efforts to recruit qualified protected veterans to our workforce and also to satisfy our annual reporting requirements. The completion of this form, however, is completely voluntary, and neither your answers to this survey nor your decision not to complete this survey, if that is your desire, will be held against you in any way either as an applicant or an employee. All applicants and employees are given the opportunity to complete this survey.

\* \* \* \* \*

Name \_\_\_\_\_ Date \_\_\_\_\_

If you are an applicant, please indicate the position you are applying for: \_\_\_\_\_

If you are an employee, please indicate the position in which you are employed: \_\_\_\_\_

Are you a member of one or more of the categories of protected veterans listed below?

Yes

No

**Protected Veterans and Definitions**

**Active Duty Wartime or Campaign Badge Veteran:** 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:** Any 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 (61 FR 1209).

**Disabled Veteran:** Can be 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:** 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.

## **Invitation to Employees to Self-Identify as Protected Veterans or Persons With Disabilities**

1. Keystone Engineering Inc. has adopted a voluntary affirmative action program (AAP) modeled after the requirements of Section 503 of the Rehabilitation Act of 1973 (Section 503) and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA) as amended by the Jobs for Veterans Act of 2002 (JVA), which prohibit discrimination and require affirmative action in all personnel practices regarding qualified persons with disabilities and certain protected veterans listed below. A copy of the AAP is available for inspection by any employee or applicant for employment during normal business hours in the Human Resources Department. Interested persons should contact the H.R. Specialist for assistance.
  
2. If you belong to one or more of the following categories and would like to be considered under our AAP, you are invited to identify yourself as such on **Voluntary Self-ID forms available from the Human Resources Department.**
  - **“Individual With a Disability”** -- Any person with a physical, sensory, or mental impairment or medical condition that substantially limits one or more of such person's major life activities, has a record of such impairment or medical condition, or is regarded as having such an impairment or medical condition.
  
  - **“Disabled Veteran”** – A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under the laws administered by the Department of Defense or 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.
  
  - **“Active Duty Wartime or Campaign Badge Veteran”** – 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”** -- Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded.

3. You may self-identify at any time by contacting the Human Resources Department and completing the applicable self-identification form. Your voluntary self-identification as an individual with a disability or protected veteran also will help us measure the effectiveness of our AAP.
4. Submission of self-identifying information is voluntary and your decision not to provide it will not subject you to any adverse treatment. The information provided will be used only for purposes consistent with the Section 503 and VEVRAA and government reporting requirements.
5. The information you submit will be kept confidential, except that we may inform (i) supervisors and managers regarding restrictions on the work or duties of qualified persons with disabilities and disabled veterans and any necessary accommodations; (ii) first aid and safety personnel if you have a condition that might require emergency treatment; and (iii) government officials for law enforcement purposes to the extent applicable.
6. If you are a qualified person with a disability or a disabled veteran, it would assist us if you would also tell us about (i) any special methods, skills, and procedures that qualify you for jobs that you might not otherwise be able to perform because of your disability so that you may be considered for any such positions that may be or become available and (ii) any accommodations that we could make that would enable you to perform the job, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making reasonable accommodations for your disability.

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Dawn O'Neal  
Human Resources Director

Date