



POST-OFFER VOLUNTARY SELF-IDENTIFICATION

NAME: _____
Last First Middle Initial

Our organization is committed to the employment and advancement of qualified minorities, females, individuals with disabilities and veterans. If you fall into one of these protected classifications, we invite you to identify yourself. You may inform us of your desire to benefit under the program at this time and/or any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

Instrument & Valve Services supports EEO/AA in all aspects of employment including, but not limited to, applicants, promotions, training, transfers, retention and termination.

Instrument & Valve Services establishes and monitors AA goals and takes proactive measures throughout the year to advance these goals and to ensure equal employment opportunity (EEO) for all.

The information provided will be kept confidential except that: (1) supervisors and managers may be informed regarding work restrictions and regarding necessary accommodations; (2) first-aid safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance may be informed.

We would like to include you under **Instrument & Valve Services** AA Program. If you are a protected veteran or a disabled individual, it would assist us if you tell us about: (i) any special methods, skills, and procedures that would qualify you for a position you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) accommodations we could make to enable you to perform the job properly and safely, 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.

Submission of the above information or if you choose not to answer any questions will not subject you to adverse treatment.

Our affirmative action plan for disabled individuals, special disabled veterans and other covered veterans is available for inspection to any employee or applicant for employment upon request. A copy of the plan may be inspected during normal business hours.

SIGNATURE OF APPLICANT: _____

POSITION SOUGHT: _____

DATE: _____

POST-OFFER VOLUNTARY SELF-IDENTIFICATION FORM (PAGE 2)

VIETNAM-ERA VETERAN: Are you a veteran of the Vietnam era? A veteran of the Vietnam era means a person who: (a) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of the person's active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or (b) was discharged or released from active duty for a service-connected disability of any part of the person's active duty was performed: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases.

Yes No

SPECIAL DISABLED VETERAN: Are you a special disabled veteran? A special disabled veteran means (1) a veteran 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 Veteran's Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C., to have a serious employment disability; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Yes No

OTHER PROTECTED VETERANS: Are you a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized? (Examples: World War II, Korea, the Persian Gulf War, Desert Storm, Bosnia, or Somalia)

Yes No

DISABLED INDIVIDUAL: Are you a disabled individual? A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Yes No

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the position which you have applied?

Yes No

YES, please explain: _____

Are there any accommodations we could make that would enable you to perform the job properly and safely?

Yes No

YES, please explain: _____

Signature of Applicant

Date