



WIREGRASS CONSTRUCTION COMPANY, INC.

Hire Date: _____
Wages: _____
Foreman: _____
Position: _____

Employment Application

This Employment Application Will Remain Active for Six (6) months from Date of Completion

Background Information

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell Phone: (____) _____ Alternate phone :(____) _____

Date Available to Start: _____ Desired Pay Rate: \$ _____

Position(s) Applied For: _____ E-Mail Address: _____

What Shift(s) Can You Work? 1st 2nd 3rd 12HR

What Shift(s) Are You NOT Willing to Work? 1st 2nd 3rd 12HR

Additional Screening Information

Are you eligible to work in the U.S.? _____ Are you willing to work overtime? Yes No

Do you have Reliable Transportation? Yes No

Have You Been Convicted of, or Plead Guilty to, Any Crime within the Last Ten (10) Years? No Yes

(Subject to applicable law, a conviction may not necessarily disqualify you from employment.)

If "yes", please explain _____

Are You At Least Eighteen (18) Years of Age? Yes No

Do you speak or write any foreign language? Yes No if yes, please explain: _____

Education and Training Summary

High School: _____ City & State: _____

Diploma? Yes No G. E. D. If no, highest grade completed: 8 9 10 11 12

College: _____ City & State: _____

Graduated? Yes No Degree: _____

Other: _____ City & State: _____

Graduated? Yes No Degree: _____

Please list any special skills, certifications, licenses received: _____

Work History

(Please list most recent position first)

1. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____ Pay Rate: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehiring? Yes No If No, Why? _____

2. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____ Pay Rate: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehiring? Yes No If No, Why? _____

3. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____ Pay Rate: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehiring? Yes No If No, Why? _____

4. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____ Pay Rate: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible for Rehiring? Yes No If No, Why? _____

Equal Opportunity Statement

Wiregrass Construction Company, Inc. provides equal employment opportunities to all employees and applicants without regard to race, color, creed, religion, sex, national origin, age, citizenship, disability, marital status, veteran status, or any other protected status. This policy governs all areas of employment at Wiregrass Construction Company, Inc., including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and terminations.

Confidentiality Agreement and Employment-At-Will

In the event I am hired by Wiregrass Construction Company, Inc., I will not disclose, use or take, directly or indirectly, either during or after my employment, any property of Wiregrass Construction Company, Inc. or confidential or proprietary information concerning Wiregrass Construction Company, Inc., its clients, employees and / or its business. I also agree to deliver promptly to Wiregrass Construction Company, Inc., on request or on the date of termination of my employment, all documents, copies thereof, and other materials relating to any confidential or proprietary information that is the property of Wiregrass Construction Company, Inc... Additionally, I agree to return all equipment, tools, instruments, identification badges / documents, materials, outstanding cash advances, uniforms, vehicles, wages paid in error, credit cards, keys, software, hardware, or any other items furnished to me by Wiregrass Construction Company, Inc... I hereby agree that if I do not return said items and/or cash, I authorize Wiregrass Construction Company, Inc. to deduct the value of such items from my paycheck, as allowable by law.

Furthermore, I understand that if I am employed by Wiregrass Construction Company, Inc. for any duration, that such employment is of an **AT WILL** nature, meaning that I can end my employment relationship with Wiregrass Construction Company, Inc. at any time, for any reason or no reason at all, and that Wiregrass Construction Company, Inc. may terminate my employment at any time, for any lawful reason, with or without cause, or for no reason at all. I also understand and acknowledge that completion of this application for employment does not guarantee me a personal interview, an offer of employment, or consideration for current or future openings, and that no commitments are made or implied regarding employment, and that this document does not create an offer of employment or a contract of employment or otherwise, either express or implied, between Wiregrass Construction Company, Inc. and myself.

Acknowledgement and Agreement:

Applicants Signature

Date

VOLUNTARY INFORMATION

NAME

RACE

SEX

DATE OF BIRTH

Applicants Signature

Date:

This information is for Alabama DOT & Federal funded road construction jobs.



**WIREGRASS
CONSTRUCTION
C O M P A N Y, I N C.**

**P.O. DRAWER 929
DOTHAN, AL 36302
(334) 699-6800
FAX (334) 699-6804**

**CONSENT TO ALCOHOL & DRUG TESTING & RELEASE OF ALL
CLAIMS**

I, _____, agree to undergo testing to determine if I have alcohol or drugs in my system. I understand that if I test positive for the presence of alcohol or drugs I will be subject to disqualification for hire, or to immediate discharge if I am an employee.

I understand that refusal to submit to or cooperate with a blood or urine test after an accident will forfeit my rights to recover benefits under the State Worker's Compensation Act.

I agree to the laboratory, clinic or physician releasing the test results to the Company and its medical advisor. I also consent to the release of test related information to the State Unemployment Compensation Commission or any other governmental agency.

In consideration of my initial or continued employment, I release Wiregrass Construction Company and its employees and officers from liability and damages which may arise from collection, testing and analysis of any specimen, the test results or adverse employment action taken as a results of the testing or test results, except for any acts of negligence by those who collect, test or analyze specimens.

I understand that upon my request I will receive a copy of Wiregrass Construction Company Drug & Alcohol Testing Policy.

I understand that this consent and release does not alter my right or that of the Company to terminate my employment at any time for any reason with or without notice.

Employee/Applicant Signature

Employee/Applicant Print Name

Date



**WIREGRASS
CONSTRUCTION
C O M P A N Y, I N C.**

**P.O. DRAWER 929
DOTHAN, AL 36302
(334) 699-6800
FAX (334) 699-6804**

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS
OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, a consumer reporting agency may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

**DISCLOSURE OF NATURE AND SCOPE OF INVESTIGATION
FOR INVESTIGATIVE CONSUMER REPORT**

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, worker's compensation claim history, degrees, professional licenses, and/ or certification records depending on the position. Such a report, as well as any credit report, will be obtained from a consumer reporting agency. I have received a summary of my rights under the Fair Credit Reporting Act.

**I, _____, CERTIFY THAT I HAVE RECEIVED A COPY
OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT
REPORTING ACT"**

*This information will not be used for the purpose of discrimination. The Federal Age Discrimination in Employ. Act of 1967 prohibits discrimination on the basis of age.

Employee/Applicant Signature

Date

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006. You may have additional rights under Maine’s FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.**

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 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 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.

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.

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:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



**WIREGRASS
CONSTRUCTION**
C O M P A N Y , I N C .

P.O. DRAWER 929
DOTHAN, AL 36302
(334) 699-6800
FAX (334) 699-6804

AUTHORIZATION TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

I authorize a consumer reporting agency to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes. In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 2003, a consumer reporting agency needs by authorization to obtain such a report.

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City: _____ State & ZIP: _____

Drivers License Number & State (if applicable): _____

California Applicants Only - - In California, if you wish to receive a free copy of any credit report obtained, please indicate by checking this box. A summary of the provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota Applicants Only - - If you are in Minnesota and you desire a free copy of your consumer report, please check this box.

New York Applicants Only - - Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.

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.



**WIREGRASS
CONSTRUCTION
C O M P A N Y , I N C .**

INVITATION TO SELF-IDENTIFY VETERANS STATUS
PRE-OFFER OF EMPLOYMENT

This employer 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; 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 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.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. 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.

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED
VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Name: _____