Personal Data Record

Land Name (and factor of a constant of a con							
Legal Name (aseflected on your social security card)							
Last	First		M.				
Street Address							
City		State	Zip				
Phone #	Alternate Phone #		SSN				

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. 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 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 yn any way.

If you already work for us, your answerwill 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 sidentify 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 autism, bipolar disorder, blindness, cancer, cerebral palsy, deafness, diabetes, epilepsy, HIV/AIDS, impaiments requiring the use of a wheelchair, intellectual disability (previously called mental retardation), major depression, missing limbs or partially missing limbs, multiple sclerosis (MS), muscular dystrophy, obsessive compulsive disorder, post-traumatic stress disorder (PTSD), schizophrenia

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.

¹ Section503 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 (PFCC website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENTAccording 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 exabout 5 minutes to complete.