



A SUPERIOR ENERGY SERVICES COMPANY

Application of Employment for Operation Positions

117 Elm Grove Rd.
Valley View, TX 76272
1.940.726.1800
1.940.726.1882 Fax

Applying for position as: _____ Expected Wage: _____

Applying for position out of which Yard: _____ Date Available for Work: _____

General Information

Please print thoroughly in ink. Incomplete applications will not be processed. Today's Date: _____

Name: Last _____ First _____ Middle _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Contact Phone (_____) _____ - _____ Other Phone (_____) _____ - _____

Current Address: _____ City _____ State _____ Zip _____

How long at this address? _____ Past address for last three years if less than three years at present address:

Past Address: _____ How long at this address? _____

Driver's License Information

| State | License Number | Class | Endorsements | Expiration Date |
|----------|----------------|-------|--------------|-----------------|
| 1. _____ | _____ | _____ | _____ | ____/____/____ |
| 2. _____ | _____ | _____ | _____ | ____/____/____ |
| 3. _____ | _____ | _____ | _____ | ____/____/____ |

Do you have any experience operating Trucks? Yes No

If yes, types of Trucks Driven: _____

Have you ever pled guilty or no contest to a felony? Yes No If yes, when? _____

Explain the details: _____

Have you ever been convicted or pled guilty or no contest to a DWI/DUI or any alcohol or drug related offense? Yes No

If yes, when? _____

(If yes, please give details in traffic violation information, page 3)

Have you ever tested positive on alcohol or controlled substance test? Yes No

Have you refused to be tested for alcohol/controlled substance in the last 3 years? Yes No

Are you authorized to work in the United States? Yes No

Are you able to pass a DOT physical? Yes No

Do you take any medications that could affect your ability to safely drive a vehicle? Yes No

Has your license ever been denied, revoked, canceled or suspended? Yes No

(If yes, please explain on a separate sheet of paper))

Have you served in the U.S. Armed Forces? Yes No

Have you ever been employed by another Complete Production company? Yes No

If yes, which company and when? _____

Have you ever worked or applied for work at Pumpco Energy Services Inc.? If yes, when? _____

How did you hear about Pumpco Energy Services? _____ Name _____

Are you currently related to anyone employed with Pumpco Energy Services? Yes No If yes, who?

Employment History

List all periods of employment (full and part-time), self-employment, unemployment, and schooling during the past ten (10) years, beginning with the most recent time period. If unemployed or self-employed for over 30 days, provide means of verification (names, telephone numbers, documents, etc.) Any application received that is incomplete WILL NOT BE PROCESSED.

Are you presently employed? Yes (___) No (___) If yes, may we contact current employer? Yes (___) No (___)

| | | |
|----------------|------------------|-------------|
| EMPLOYER | DATE | |
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | TYPE TRL. PULLED | |
| CONTACT PERSON | PHONE # | REASON LEFT |

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed with this company? Check one Yes___No___ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one Yes___No___

| | | |
|----------------|------------------|-------------|
| EMPLOYER | DATE | |
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | TYPE TRL. PULLED | |
| CONTACT PERSON | PHONE # | REASON LEFT |

Were you subject to the FMCSRs while employed with this company? Check one Yes___No___ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one Yes___No___

| | | |
|----------------|------------------|-------------|
| EMPLOYER | DATE | |
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | TYPE TRL. PULLED | |
| CONTACT PERSON | PHONE # | REASON LEFT |

Were you subject to the FMCSRs while employed with this company? Check one Yes___No___ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one Yes___No___

| | | |
|----------------|------------------|-------------|
| EMPLOYER | DATE | |
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | TYPE TRL. PULLED | |
| CONTACT PERSON | PHONE # | REASON LEFT |

Were you subject to the FMCSRs while employed with this company? Check one Yes___No___ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one Yes___No___

| | | |
|----------------|------------------|-------------|
| EMPLOYER | DATE | |
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | TYPE TRL. PULLED | |
| CONTACT PERSON | PHONE # | REASON LEFT |

Were you subject to the FMCSRs while employed with this company? Check one Yes___No___ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one Yes___No___

Traffic Violations

Please provide us with traffic violations and accident information for the last three years. Any deletions or omissions will be sufficient reason for denial of your application. If answer is "none" state "none".

| Date | Violation* | Location | Penalty | Has Ticket Been Paid |
|------|------------|----------|---------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

*If the violation was speeding, please note the actual speed and the speed limit, i.e. 65/55.

Accident Information

List below all motor vehicle accidents or incidents preventable and non-preventable, in which you were involved in during the past three (3) years. If more space is needed, attach an extra sheet. If answer is "none", state "none".

| Date | Location | Class of vehicle | Property Damage | Personal Injuries | Fatalities | Name and Address of Employer | Preventable or Non-Preventable |
|------|----------|------------------|-----------------|-------------------|------------|------------------------------|--------------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Details of Accidents listed above (if more space is needed, attach an extra sheet).

1. _____
2. _____
3. _____

Education

Check highest grade completed: 10 11 12

Years beyond high school 1 2 3 4 5 6 7 8

College/Technical/Trade or Driving Schools attended: _____

Dates: _____

Courses, seminars or other pertinent training: _____ When: _____

Personal References (Do not use relatives or former employers):

- | | | | |
|----|-------|------------|--------------|
| 1. | _____ | _____ | (____) _____ |
| | Name | Occupation | Phone Number |
| 2. | _____ | _____ | (____) _____ |
| | Name | Occupation | Phone Number |
| 3. | _____ | _____ | (____) _____ |
| | Name | Occupation | Phone Number |

In case of emergency list two contacts:

| | | |
|---------------------|-------------|--------------|
| _____ | _____ | (____) _____ |
| Name & Relationship | City, State | Phone Number |

| | | |
|---------------------|-------------|--------------|
| _____ | _____ | (____) _____ |
| Name & Relationship | City, State | Phone Number |

Pumpco Energy Service, Inc... is an equal opportunity employer.

This certifies that I, personally, accurately and truthfully completed this application. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Pumpco Energy Services Inc to make a complete investigation of my background including but not limited to: Pre-Employment Drug and Alcohol testing, contacting personal references, current and past employers, and a complete background investigation to confirm information I provided but not limited to information required by 391.23 of the Motor Carrier Safety Regulations and investigate previous employer Alcohol & Controlled Substance Testing in accordance with Section 382.405 (F&H) and Section 382.413 (A thru G) of the Code of Federal Regulations and hold previous employers harmless of all liability from release of said information. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

Signature
LH 6/07

Date

INVESTIGATIVE CONSUMER REPORT DISCLOSURE & CONSENT FORM

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from HireRight &/or Microbilt. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HireRight &/or Microbilt concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to Pumpco Energy Services, Inc., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that HireRight &/or Microbilt has previously furnished within the two-year period preceding your request. Pumpco Energy Services, Inc. may be contacted by mail at: 117 Elm Grove Rd, Valley View TX, 76272. Attn: Rhonda Lukie or by phone at 940-726-1800.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Print Applicant/Employee Full Name

Date _____

Applicant/Employee Signature

INVESTIGATIVE CONSUMER REPORT RELEASE & CONSENT FORM

Company Name: Pumpco Energy Services

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize HireRight &/or Microbilt to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge HireRight &/or Microbilt their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to Pumpco Energy Services, Inc. from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

Pumpco Energy Services, Inc. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

Applicants with felony charges must have the division President's approval before employment.

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.

Minnesota Applicants Only: I request a copy of any consumer report requested on me.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past 7 years.

(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- 1. You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- 2. You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- 3. You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- 4. Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- 5. You can dispute inaccurate items with the source of the information.** If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- 6. Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- 7. Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- 8. Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- 9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- 10. You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:



A SUPERIOR ENERGY SERVICES COMPANY

DRIVER NOTIFICATION OF REBUTTAL

AS A DRIVER WITH DEPARTMENT OF TRANSPORTATION REGULATED EMPLOYMENT,

WE ARE REQUIRED TO NOTIFY YOU OF THE FOLLOWING RIGHTS REGARDING THE INVESTIGATIVE INFORMATION THAT WILL BE PROVIDED TO THE PROSPECTIVE EMPLOYER PURSUANT TO 391.23 (d)(e)

YOU HAVE:

1. THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS:
2. THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER:
3. THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE DRIVER CANNOT AGREE ON THE ACCURACY OF THE INFORMATION:

(PLEASE REFER TO 391.23(j) FOR FURTHER INFORMATION REGARDING REBUTTALS)

You must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial or employment.

The employer has 5 business days of receiving the written request or receiving the previous employment information. If the driver does not arrange pick up or receive the requested record within 30 days of the prospective employer making them available, the prospective Motor Carrier may consider the driver to have waived his/her request to review the records.

Driver Signature: _____

Date: _____



Valley View Safety Dept.
117 Elm Grove Road
Valley View, Tx. 76272

Phone 940-726-1800
Fax 940-726-1807

A SUPERIOR ENERGY SERVICES COMPANY

Request for Information From Previous Employer

Employer: _____ Date: _____
Attention: _____ Fax #: _____

Applicant: _____ Social Security #: _____

Dates on application: From _____ to _____ From _____ to _____

The above mentioned applicant has applied for the following position _____

Dates verified: From _____ to _____ From _____ to _____

Position Held _____

Reason for leaving Quit Fired Other Why? _____

Is driver eligible for rehire? Yes No Upon Review

Commodities hauled: 48 States Canada Regional Local

Type of equipment operated? T/T Bobtail Straight Other _____

Type of trailer Van Flat Tank Reefer RGN Dump Other _____

Was his/her driver's license ever suspended or revoked Yes No

| Accidents / Incidents / Cargo Claims | | |
|--------------------------------------|--|---------|
| Date | <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable | Details |
| Date | <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable | Details |
| Date | <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable | Details |
| Date | <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable | Details |

Were there any positives or refusals to test for drugs or alcohol? Which? _____
 Positive Refusal No Problems Don't Know Company Policy To Not Release Information

If yes, did the employee complete the return to duty process prescribed by a SAP? _____

Were there any customer complaints, or attitude / behavioral problems? Yes No

Where was driver employed prior to your company? _____

Were there any safety violations or accidents reported to you by any previous employers? _____

Comments: _____

Information Provided By: _____ Title: _____

Date: _____ Secured by: _____

Authorization For Release of Information

I hereby authorize you to release to Pumpco Services any and all information concerning my employment records as required by FMCSR Section 391.23 and all information concerning Alcohol and Controlled Substance test results as required by FMCSR 382.405 and 382.413. I am also aware that I maintain the right to review any information provided by your company and to rebuttal any erroneous information.

Signature: _____
Social Security #: _____

REQUEST FOR INFORMATION

REV 10/23/12

Pre-Offer Invitation to Self-Identify

Name: _____

Position Applying For: _____

Date: _____

Superior Energy is a Federal contractor and an **Equal Opportunity Employer**. Superior Energy is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to 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 protected veterans. In order to comply with these laws, Superior Energy invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. Superior Energy does not discriminate on the basis of race, religion, color, sex, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **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.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **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.
- **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** - 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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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 1/31/2017
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.