

VOLUNTARY SELF-DISCLOSURE STATEMENT

Compliance with this request is consistent with Federal Laws, State Statutes and E.D. Bullard Equal Employment Opportunity/Affirmative Action Policies. Completion of this form is voluntary, and information herein is to be used for statistical reporting and affirmative action efforts. Your cooperation will enable Bullard to meet its obligations under all applicable regulations. If you choose not to provide the requested information, it will not subject you to any adverse treatment. Information provided will not become part of your application or your official personnel record and the information will be considered confidential.

Applicant's Full Name _____

Birth date: _____

Position applying for: _____

How did you learn of this position? _____

1. Ethnic Background: (check appropriate box)

- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black, Non-Hispanic
 Hispanic
 White, Non-Hispanic

2. Sex: Female Male

3. Citizenship Status: (check appropriate box)

- A Citizen or National of the United States
 A Lawful Permanent Resident (Alien # _____)
 An Alien Authorized to work until ____ / ____ / ____
(Alien # or Admission # _____)

4. U.S. Military Service: (check appropriate box(es))

- A Veteran of the Vietnam-Era
A person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964 through May 7, 1975, and
(a) was discharged or released therefrom with other than a dishonorable discharge or
(b) was discharged or released from active duty because of a service-connected disability.
- A Special Disabled Veteran
(a) 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 Department of Veteran Affairs for a disability.
(1) Rated at 30 percent or more, or
(2) Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap, or
(b) A person who was discharged or released from active duty because of service-connected disability.
- Not a Veteran of the Vietnam-Era or Special Disabled Veteran

(continued on back)

VOLUNTARY SELF-DISCLOSURE FOR PERSONS WITH DISABILITIES

E.D. Bullard supports all Federal Laws, State Statues and Regulations, which require employers to ensure that no qualified individual with a disability shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any employment related matter.

Disclosure of this information is also voluntary. Information obtained will not become part of your application or your official personnel record and will be considered confidential. If you choose not to provide the requested information, it will not subject you to any adverse treatment. Certain supervisors and managers may be informed on a need-to-know basis regarding restrictions on duties in order to make any reasonable accommodation(s) that would enable you to perform the essential functions of a job. First aid or safety personnel may be informed, where appropriate, if the condition may require any emergency treatment, and government officials may be informed as required.

Federal Regulations define a person with a disability as an individual who:

- (a) Has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- (b) Has record of such an impairment; or
- (c) Is regarded as having such an impairment.

Examples include, but are not limited to: loss of an arm, leg, or a disease or condition which affects the heart, brain, vision, speech, hearing, or emotional well-being of an individual.

5. Disability Status: (check appropriate box)

Not Disabled

Disabled

Identify any physical or mental impairment(s) or explain your record of such impairment(s) or your being regarded as having such impairment(s): _____

Describe any reasonable accommodation that would aid you in performing the essential functions of the job for which you are applying: _____

Please send this statement to:

Office of Human Resources
E.D. Bullard
1898 Safety Way
Cynthiana, KY 41031
Telephone Number: (859) 234-6616
Fax Number: (859) 234-4352