



Carl Buddig & Company is an equal employment opportunity employer and does not discriminate in hiring or in any other terms or conditions of employment in accordance with the requirements of all applicable local, state and federal laws.

Self Identification Form

NAME: (Please print) _____ DATE: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

We, as an employer, wish to voluntarily comply with various laws and regulations that require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the disabled, disabled veterans, veterans who served on active duty during the Vietnam-era for more than 180 days, and veterans who served an active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested and will not be evaluated, in any way, or subjected to any decisions on the basis of any information provided.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED

1. Are you a disabled individual or do you have any physical or mental condition or disability which may limit your ability to perform the position(s) for which you apply? YES NO
2. If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your disability?

APPLICANTS IDENTIFYING THEMSELVES AS HAVING VETERAN STATUS

- | | |
|--|---|
| 1. Are you a disabled veteran?

YES <input type="checkbox"/> NO <input type="checkbox"/> | 2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era?

YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Are you a veteran who served an active duty during a war or in a campaign or expedition for which a campaign badge has been authorized?

YES <input type="checkbox"/> NO <input type="checkbox"/> | |

APPLICANTS IDENTIFY THEIR GENDER AND RACE

Gender Classification

- Female
- Male

EEO Classification

- Black or African American (not of Hispanic Origin)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic
- Caucasian (not of Hispanic Origin)

You are not required to provide the above information. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation for a disability is necessary or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

APPLICANT SIGNATURE: _____ DATE: _____