	Document Title: Eurofins Application for Employment		
	Eurofins Document Reference: n/a	Revision: 6	Historical Reference: N/A
	Effective date: June 01, 2018		Status: Effective

Eurofins is an Equal Opportunity Employer

Eurofins is an EEO/Affirmative Action employer and does not discriminate against any employee or applicant based on race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, religion, citizenship status, disability, veteran status, or any other protected category which may exist under relevant state and federal law.

Applicants may request reasonable accommodation to participate in the hiring process.


Important Information about Our Application Process

- Carefully read the job announcement for the position for which you are applying. Applicant materials and communications will be considered as determined appropriate by Eurofins during the screening and selection process. Incomplete or illegible applications may be disqualified.
- Once received, all application materials become the property of Eurofins.
- Complete the application in its entirety. This application will not be considered unless fully completed. A resume may be included, but may NOT be substituted for a completed Employment Application.
- Applications are considered active and valid for 90 calendar days.
- Criminal History:** CA, CT, District of Columbia, HI, IL, Louisville KY, MD, MN, MO, NJ, NY, OR, Philadelphia PA, Pittsburgh PA, RI, Austin TX, VT, Seattle WA. APPLICANTS: Under the law of these jurisdictions, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. APPLICANTS FROM CA, CT, District of Columbia, HI, IL, Louisville KY, MD, MN, MO, NJ, NY, OR, Philadelphia PA, Pittsburgh PA, RI, Austin TX, VT, Seattle WA SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL HISTORY INFORMATION.
- Salary History:** CA, DE, NY, MA, OR APPLICANTS: Under the law of these jurisdictions, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her salary history. APPLICANTS FROM CA, DE, NY, MA, OR SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING SALARY HISTORY INFORMATION.

(Please Print or Type)

PERSONAL INFORMATION					
Last Name		First Name		Middle Initial	Today's Date
Mailing Address (Street/Apt. No. or P.O. Box)			City	State	Zip
Residence Telephone	Cell Phone		Email Address		

GENERAL INFORMATION				
Have you ever worked for Eurofins or any of its subsidiaries or affiliated companies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	Position Held		Supervisor Name	Dates Employed
Do you have relatives or friends currently employed by Eurofins?			If yes, please provide name/department/location:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing/able to travel if the job requires?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state % of time you are willing/able to travel: %	
Are you willing to relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Are you legally authorized to work in the United States without sponsorship? Verification of legal right to work in the United States will be required prior to employment.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain:				

	Document Title: Eurofins Application for Employment		
	Eurofins Document Reference: n/a	Revision: 6	Historical Reference: N/A
	Effective date: June 01, 2018		Status: Effective

Regarding Below Criminal History: CA, CT, District of Columbia, HI, IL, Louisville KY, MD, MN, MO, NJ, NY, OR, Philadelphia PA, Pittsburgh PA, RI, Austin TX, VT, Seattle WA. APPLICANTS: Under the law of these jurisdictions, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. APPLICANTS FROM CA, CT, District of Columbia, HI, IL, Louisville KY, MD, MN, MO, NJ, NY, OR, Philadelphia PA, Pittsburgh PA, RI, Austin TX, VT, Seattle WA SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL HISTORY INFORMATION.

Have you ever pled guilty to or been convicted of a felony which has not been annulled or sealed by a court? ☐ Yes ☐ No

Have you pled guilty to or been convicted of a misdemeanor within the past five years that has not been annulled or sealed by a court (other than for a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?

☐ Yes ☐ No

(Previous guilty pleas or convictions do not necessarily disqualify a candidate from consideration of employment)

If you answered yes to either of the above, please provide details of the offense, including the dates of the offense:


POSITION DESIRED

Position ID Number (if known)	Date Available	Base Salary Desired
Type of employment desired:		Shift desired (if applicable):
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Intern/Co-op <input type="checkbox"/> Term Employment		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If we cannot contact your employer, please explain:		
Have you ever been discharged or asked to resign by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Have you ever been disciplined for absenteeism or tardiness by a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently on lay-off or leave of absence from any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any commitments or agreements with another employer that might affect your employment with Eurofins? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

EDUCATION & TRAINING

	Name	Location (City, State)	Major or Field of Study	Type of Degree, Diploma, or Certification
High School				
Business, Technical, or Trade School				
Business, Technical, or Trade School				
College/University				
College/University				
Graduate School				
Graduate School				
Professional Licenses or Certificates				
Professional Licenses or Certificates				
Other:				

List publications or patents held by you (you may attach another sheet if necessary):

	Document Title: Eurofins Application for Employment		
	Eurofins Document Reference: n/a	Revision: 6	Historical Reference: N/A
	Effective date: June 01, 2018		Status: Effective

--	--

M.S. Thesis Subject:	Ph.D. Thesis Subject:

SKILLS
Analytical Skills/Regulatory Knowledge:
List computer skills (applicable software, hardware, and programming languages in which you are proficient):
List additional languages, if any, in which you are fluent:
Typing Speed WPM:
List any other business skills you would like us to consider:

EMPLOYMENT HISTORY
List all former employers, beginning with the current or most recent and working back to your first employer. Include any military service to this sequence of employers. Use an additional sheet of paper, if necessary, to complete this listing. <i>Please account for any gaps in your employment.</i> CA, DE, NY, MA, OR APPLICANTS: Under the law of these jurisdictions, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her salary history. APPLICANTS FROM CA, DE, NY, MA, OR SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING SALARY HISTORY INFORMATION.

Employer:	Job Title:	Start Date:	End Date:
Employer Address (list Street Address, City, State, and Zip):		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving - Check box that applies: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff Please Explain:	
Duties and Responsibilities:			

Employer:	Job Title:	Start Date:	End Date:
Employer Address (list Street Address, City, State, and Zip):		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving - Check box that applies: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff Please Explain:	
Duties and Responsibilities:			



Document Title:
Eurofins Application for Employment

Eurofins Document Reference:
n/a

Revision: 6

Historical Reference: N/A

Effective date:
June 01, 2018

Status: Effective

Employer:	Job Title:	Start Date:	End Date:
Employer Address (list Street Address, City, State, and Zip):		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving - Check box that applies: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff Please Explain:	
Duties and Responsibilities:			

Employer:	Job Title:	Start Date:	End Date:
Employer Address (list Street Address, City, State, and Zip):		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving - Check box that applies: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff Please Explain:	
Duties and Responsibilities:			

PROFESSIONAL REFERENCES

List the names, addresses, and phone numbers of three individuals who may be contacted as references. These individuals should be non-relatives and individuals with which you had/have a business relationship, specifically former or current supervisors, co-workers, clients, customers, etc. **(Please list at least one former or current supervisor)**


Name	Title	Company	
Address (City, State, Zip Code)	Email:	Area Code/Telephone Number	Relationship

Name	Title	Company	
Address (City, State, Zip Code)	Email:	Area Code/Telephone Number	Relationship

Name	Title	Company	
Address (City, State, Zip Code)	Email:	Area Code/Telephone Number	Relationship

Please indicate how you learned about the position by checking one of the following:

- ☐ Newspaper/Media advertisement
- ☐ Employment Agency (please specify) _____
- ☐ Referred by my school (please specify) _____
- ☐ From another Eurofins employee (please specify) _____
- ☐ Internet Search (please specify website, for example Monster, Career Builder, Craigslist) _____
- ☐ Other (please specify) _____

	Document Title: Eurofins Application for Employment		
	Eurofins Document Reference: n/a	Revision: 6	Historical Reference: N/A
	Effective date: June 01, 2018		Status: Effective

Read Carefully and Understand Before Signing:

I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and are a full and complete disclosure. I further certify that I, the undersigned applicant, have personally completed this application. If it should be discovered that the information I am providing is inaccurate, misleading, or incomplete in any respect, I may be disqualified from employment at Eurofins (hereinafter referred to as "Eurofins" or the "Company") or, if hired, I may be terminated. I release from liability all persons and organizations supplying such information. IF HIRED: I understand that if I am hired by Eurofins, this application will be transferred to and made a part of my personnel file. I understand that employment is contingent upon the following, if required by Lancaster Laboratories: successful completion of a physical examination and pre-employment drug screen administered by a Eurofins selected doctor; a transcript of high school and college grades; and copies of other pertinent documents including, but not limited to, W-2 statements and I-9 documentation. I understand that any handbooks, manuals, policies or procedures maintained by Eurofins are not contractual in nature and may be amended or abolished at the sole discretion of Eurofins at any time. I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of the employer. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either prior to commencement of employment or after I have become an employee, or to promise any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I understand that if employed by Eurofins, such employment is not for any definite period but may be terminated by either party at any time, and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself.

Employee hereby certifies that he/she has not been excluded, debarred, or otherwise made ineligible to participate in any federal health care program as defined in 42 U.S.C. § 1320a-7b(f) (the "Federal Healthcare Programs") or any other federal or state government procurement or non-procurement program. He/she further certifies that he/she is not under investigation or otherwise aware of any circumstances which may result in employee being excluded from participation in the Federal Healthcare Programs or any other federal or state government procurement or non-procurement program.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING. MY SIGNATURE CONSTITUTES MY AGREEMENT THERETO IN RETURN FOR CONSIDERATION OF MY APPLICATION. By you typing your name and date below as an electronic signature and being emailed from your personal email account will be accepted in place of a formal wet signature.

Signature

Date

Notice to Prospective Employees

One of the requirements for employment may be satisfactorily passing a urine **DRUG SCREEN TEST**. Please read the following policy carefully:

Notice:

Eurofins has a policy which prohibits the use of illegal drugs by its employees. To protect the safety of our workforce and to ensure the excellent quality of our work, you may be required to undergo a urine drug screening within two business days if any offer of employment is made. After hire, you may be tested again if reasonable suspicion of illegal drug use exists.


Applicant:

I have read and understood Eurofins drug testing policy. I accept the conditions for consideration of employment and consent to the requirements of the urine drug screen test. I agree to submit to this medical test, and I authorize the testing facility to provide the results of this test to Eurofins. I consent freely and voluntarily to the Company's request for a urine specimen, and hereby release and hold harmless the Company, its employees, agents, directors, and officers from any liability whatsoever arising from this request to furnish a specimen, the testing of my specimen, and decision made concerning my application for employment based upon the results of the test. By you typing your name and date below as an electronic signature confirming your acceptance of this requirement along with this form being emailed from your personal email account will be accepted in place of a formal wet signature.

Applicant's Signature

Witness's Signature

Date

	Document Title: Eurofins Application for Employment		
	Eurofins Document Reference: n/a	Revision: 6	Historical Reference: N/A
	Effective date: June 01, 2018		Status: Effective

VOLUNTARY SELF-IDENTIFICATION Applicants

Name: _____ Date: _____
Last
First

Position Applied For: _____


Eurofins is an EEO/Affirmative Action employer and does not discriminate based on race, religion, color, national origin, gender, sexual orientation, age, disability, veteran status, or any other protected category. The information below is voluntary, and is requested to help us comply with Federal and State equal employment opportunity record keeping, reporting, or other legal requirements. All information requested below will be kept confidential. This information will not be used to make personnel decisions and will not be kept in your personnel file. If you would like assistance completing this form or have any questions, please contact Human Resources.

1. Please indicate your gender by checking the applicable box:

- ☐ a. Male ☐ b. Female

2. Please check the box next to your race/ethnic group:

- ☐ a. **White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- ☐ b. **Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
- ☐ c. **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
- ☐ d. **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, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ e. **American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North & South America (including Central America), and who maintain tribal affiliation or community attachment
- ☐ f. **Two or More Races** (Not Hispanic or Latino) – All persons with more than one of the above five races
- ☐ g. **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

 eurofins	Document Title: Company Policy for Applicants and Employees Performing Testing Services Involving Controlled Substances - Eurofins		
	Eurofins Document Reference: 1-P-QM-FOR-9007986	Revision: 11	Historical Reference: Form 3354
	Effective date: 07.03.2013		Status: Effective

The Drug Enforcement Administration (DEA) has passed regulations under Title 21, Section 1301.90 that apply to employers whose business involves the handling of narcotics and controlled substances. The intent of the regulations is to reduce the likelihood of an employee's committing a drug security breach. To comply with these regulations, Eurofins has initiated the following policies and procedures:

I. PRE-EMPLOYMENT SCREENING PROCEDURES


Eurofins is required to conduct a screening questionnaire of all applicants and employees who work or who may work in an area with access to controlled substances. Applicants and employees are required to fill in the answers to the questionnaire truthfully. Giving false information or omitting information will jeopardize employment. A conviction or offense does not automatically disqualify an individual from employment.

Screening Questionnaire for Applicants and Employees to Complete **(the two questions below)**

1. Have you been convicted of a felony within the past five years, convicted of any misdemeanor within the past two years, **or are you presently formally charged with committing any criminal offense?** (Do not include any traffic violations, juvenile offenses, or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence.

Examples include: Driving under the influence of alcohol, harassment, purchase of alcohol by a minor, distribution of alcohol to a minor, possession of an illegal drug, use/possession of drug paraphernalia, prohibited offensive weapon(s), or any other criminal offense. These are examples and are not considered to be all-inclusive.

2. In the past three years, have you ever knowingly used any narcotic, amphetamines, or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.

 eurofins	Document Title: Company Policy for Applicants and Employees Performing Testing Services Involving Controlled Substances - Eurofins		
	Eurofins Document Reference: 1-P-QM-FOR-9007986	Revision: 11	Historical Reference: Form 3354
	Effective date: 07.03.2013		Status: Effective

If you are an applicant, please note that the information furnished on the questionnaire will not necessarily keep you from being hired, but it will be considered as part of an overall evaluation of your qualifications. By signing below, you authorize Eurofins to conduct a background investigation with local, state and federal authorities into the nature and extent of any criminal activity. The results of such inquiries will be treated by the company in confidence.

II. REQUIREMENT TO REPORT DRUG DIVERSIONARY ACTIVITIES

It is the position of the DEA that employees with knowledge that a fellow employee is stealing or diverting controlled substances from the company are obligated to report the information to a responsible security official of the employer. The company will treat the information as confidential and take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing such information. Failing to report information of drug diversion will be considered in determining whether the employee will be allowed to work in the drug security area.

III. ILLICIT ACTIVITIES BY EMPLOYEES


It is the position of the DEA that employees who possess, sell, use, or divert controlled substances will subject themselves not only to state or federal prosecution for any illicit activity, but shall also immediately become subject to independent action by their employer concerning their continued employment. The company is required to assess the seriousness of an employee's violation, the position of responsibility held by the employee, past work record of the employee, and other relevant factors in determining whether to suspend, transfer, terminate, or take other action against the employee.

IV. EMPLOYEE ACKNOWLEDGMENT

Please sign below to indicate that you have received this policy and agree to abide by it, and to authorize Eurofins to conduct such investigations as it deems necessary to fulfill the obligations and the intent of the policy.

Employee Name: _____
 (print)

Employee Signature: _____ Date: _____

	Document Title: Company Policy for Applicants and Employees Performing Testing Services Involving Controlled Substances - Eurofins		
	Eurofins Document Reference: 1-P-QM-FOR-9007986	Revision: 11	Historical Reference: Form 3354
	Effective date: 07.03.2013		Status: Effective

TO: Employees Working with Abbreviated New Drug Applications (ANDAs) and Abbreviated Antibiotic Drug Applications (AADAs)

FROM: Human Resources

SUBJECT: Questionnaire to Support the Requirements of the Federal Food, Drug, and Cosmetic Act

The Federal Food, Drug, and Cosmetic Act Section 306(k) (1) requires that our clients provide information to the FDA showing that any laboratory assisting them with the development or submission of an abbreviated new drug or antibiotic application either has or has not been involved directly or indirectly in a debarment by the FDA or convicted of certain acts relating to such. Eurofins has not been involved with any investigations or convictions relating to the above activities, but we need additional information concerning each employee's previous employment history.

To comply with our clients' needs and FDA requirements, please answer the following questions. The Human Resources Department will maintain this information in both your personnel file and a separate file for auditing purposes. Thank you for your cooperation.


1. As a result of previous employment, are you currently debarred, in the process of proceedings concerning debarment, or under investigation due to your direct or indirect involvement with any work relating to the application of or data supporting any pre-market approval application? If so, please explain.

2. In the past five years, have you been convicted by the FDA of conduct relating to an application or any data to support an application? If so, please explain.

Print Name

Signature

Date

 eurofins	Document Title: Company Policy for Applicants and Employees Performing Testing Services Involving Controlled Substances - Eurofins		
	Eurofins Document Reference: 1-P-QM-FOR-9007986	Revision: 11	Historical Reference: Form 3354
	Effective date: 07.03.2013		Status: Effective

A Summary of Your Rights Under the Fair Credit Reporting Act

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 CRAs 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 state law. You may contact a state or local consumer protection agency or a state attorney general to learn of your rights.

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.

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 sixty days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty 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.


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 the 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.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty 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 dispute item unless the information source certifies 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.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not 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.

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.

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.

 eurofins	Document Title: Company Policy for Applicants and Employees Performing Testing Services Involving Controlled Substances - Eurofins		
	Eurofins Document Reference: 1-P-QM-FOR-9007986	Revision: 11	Historical Reference: Form 3354
	Effective date: 07.03.2013		Status: Effective

A Summary of Your Rights Under the Fair Credit Reporting Act (Continued)

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.

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.

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:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's, creditors and others not listed below:

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carrier regulated by former Civil Aeronautics Board of Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580 Ph #202-326-3761

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 PH #800-613-6743

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 Ph#202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 Ph#800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 Ph #703-518-6360

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 Ph #800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 Ph #202-720-1306

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250 Ph #202-720-7051

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.ⁱ 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.