



COUNTRY FRESH MEATS

Dear Applicant:

Thank you for your interest in joining our Company. Country Fresh Meats/Link Snacks, Inc. is a government contractor subject to Executive Order 11246, section 503 of the Rehabilitation Act of 1973, as amended, and section 402 of the Vietnam Era Veterans Readjustment Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment minorities, women, qualified individuals with disabilities, and covered veterans.

To enable us to meet government recordkeeping and reporting requirements for the administration of civil rights laws and regulations, Country Fresh Meats/Link Snacks, Inc. invites you to complete two Voluntary Self Identification Forms. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes and will be detached and kept in a separate, confidential file. Any information that you choose to provide will not be considered by the company for employment purposes and will be treated as confidential.

In extending this invitation to participate in our Affirmative Action Program, you are also advised that:

- (a) Applicants are under no obligation to respond, but may do so in the future if they choose;
- (b) Responses will remain confidential within the Human Resources Department; and
- (c) Responses will be used only for the necessary information to include in our

Affirmative Action Program. We are a company that values diversity. We actively encourage qualified women, minorities, veterans and individuals with disabilities to apply.

Please complete the information requested on the attached forms. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. Thank you for your cooperation.

Attachments:

- EEO Race/Ethnic and Protected Veterans Identification Categories
- Voluntary Self-Identification – General
- Voluntary Self-Identification - Disability

EEOC RACE/ETHNIC AND VETERAN IDENTIFICATION CATEGORIES

Race/Ethnic Categories

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) All persons who identify with more than one of the above five races.

Protected Veteran Categories

Recently Separated Veteran Recently separated veteran is defined as 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.

Disabled Veteran Defined as (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

Armed Forces Service Medal Veteran Defined as any 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.

Active Duty or Wartime Campaign Badge Veteran Defined as 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.



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VOLUNTARY SELF IDENTIFICATION FORM

Please check all that apply in each area:

Race or Ethnic Identity

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- I do not wish to self-identify

Gender

- Male
- Female

Veteran Status

- Yes, I am a Protected Veteran
- No, I am not a Protected Veteran
- I do not wish to self-identify

Name Printed

Date

Signature

Individuals with Disabilities, please complete **attached** Voluntary Self-Identification of Disability Form.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Name: _____

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I have a disability, or have a history/record of having a disability
- No, I do not have a disability, or a history/record of having a disability
- I do not wish to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no person are required to resond to a collection of information unless such collection displays a valid OMB control number.