



Voluntary Race/Gender Self-Identification Form

Academy Solutions Group, LLC, is subject to Executive Order 11246, which requires government contractors to ensure nondiscrimination and take affirmative action in employment to employ and advance qualified individuals without regard to sex, gender identity, sexual orientation, race, color, religious creed, and national origin. As a government contractor, we are required to report certain data regarding our applicants and employees to the government.

In order to comply with these requirements, we are required to ask you if you want to provide information regarding your gender, race, and ethnicity. In answering the questions regarding your race/ethnicity, please use the race/ethnicity definitions established by the federal government listed below. Submission of this information is voluntary, and failure to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with applicable law. Your cooperation is appreciated.

Name: _____ Date: _____

Indicate Gender:

- Male
- Female
- I do not wish to disclose

Indicate Ethnic group:

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose

Indicate your Race:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other 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 disclose

| Ethnicity and Race Categories | Descriptions |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
| Asian (Not Hispanic or Latino) | A person with 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. |
| 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. |
| American Indian or Alaskan 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. |

ASG is an equal opportunity corporation and does not discriminate on the basis of sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected Veteran status, or any other characteristic protected by law with regard to any employment practices, including recruitment, advertising, job application procedures, hiring, and/or other terms, conditions, or privileges of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. Individuals who may have inquiries regarding the Company's policy and procedures should contact HR Bonnie Whaley.



Sample Voluntary Veteran Self-Identification Form: Pre- and Post-Offer Solicitation

Name: _____ Date: _____

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) which requires government contractors to take affirmative action to employ and advance in employment:

- (1) Disabled Veterans;**
- (2) Recently separated Veterans;**
- (3) Active duty wartime or campaign badge Veterans; and**
- (4) Armed Forces service medal Veterans**

These classifications are defined as follows:

- A "disabled Veteran" is 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
- A "recently separated Veteran" means 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
- An "active duty wartime or campaign badge Veteran" means 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
- An "Armed Forces service medal Veteran" means 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

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. Your Form DD-214 may help you make this determination. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA.

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran.
- I decline to disclose my protected Veteran status.

If you are a disabled Veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider requests for accommodation on a case-by-case basis.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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
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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.