HR/OIE SICF February 2015	Self-Identification Compliance Form	NewUpdat	e Page 1 of 6
Employee ID Number:(To be completed by HR)			
Name:	,	,	
(Last)	(First)	(MI)	

Gunderson Family Companies is an Equal Opportunity/Equal Access employer. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran. Because we do business with certain governmental entities, we are subject to certain governmental recordkeeping and reporting requirements. To comply with these requirements, Gunderson Family Companies invites you to voluntarily self-identify your race, ethnicity, veteran and disability status. Completing this form is voluntary, but we hope that you will choose to fill it out. Your answer will not be used against you in any way. Please know that the information obtained will be kept confidential and will only be used for government reporting purposes. When reported, data will not identify any specific individual.

ETHNICITY (Select one)

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Hispanic or Latino

Not Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

RACE (Select all that apply)

American Indian or Alaska Native

Asian

Black

Native Hawaiian or Other Pacific Islander

White

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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.

A person having origins in any of the black racial groups of Africa.

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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Employee ID Number:(To be completed by HR)		

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HR/OIE SICF February 2015	Self-Identification Com	pliance Form	NewUpdate Page 1 of 6	
Employee ID Number: (To be completed by HR)				
Name:			_,	
(Last)	(First)	(MI)		
Vietnam Era Veterans' Readju ("VEVRAA"), federal regulation number of our employees beloin Gunderson Family Compar Companies own compliance of hiring practices. "Protected veteran" categories to employ and advance in em	ustment Assistance Act of ns require us to submit a onging to each specified " ies recruitment and hiring ifforts by proactively ident as are identified in VEVRA ployment: (1) disabled ver d (4) Armed Forces service	f 1974, as amended by report to the United Sta protected veteran" cate gefforts related to prote tifying and correcting an A. This statute requires terans; (2) recently separate.	on obligations and the relevant portions of the the Jobs for Veterans Act of 2002, 38 U.S.C. ates Department of Labor each year identifying egory. This report is to further the purpose of a cted veterans, and to evaluate Gunderson Family deficiencies in Gunderson Family Companie Government contractors to take affirmative agarated veterans; (3) active duty wartime or VRAA defines these classifications as follows:	4212 g the niding mily es ction
			mpensation (or who but for the receipt of milit	ary
b. A person who was discharg	jed or released from activ	e duty because of a ser	rvice-connected disability.	
discharge or release from acti (3) An "active duty wartime or naval or air service during a w administered by the Departme (4) An "Armed Forces service	ve duty in the U.S. militar campaign badge veteran ear, or in a campaign or exent of Defense. medal veteran" means a ed in a United States milit	y, ground, naval, or air s " means a veteran who xpedition for which a ca veteran who, while serv	eriod beginning on the date of such veteran's service. served on active duty in the U.S. military, grompaign badge has been authorized under the ving on active duty in the U.S. military, ground an Armed Forces service medal was awarded	e laws
If you believe you belong to a box below.	ny of the categories of pro	otected veterans listed a	above, please indicate by checking the approp	riate
☐ I am NOT a veteran.				
	RTIME OR CAMPAIGN BA SEPARATED VETERAN I CES SERVICE MEDAL \ ETERAN	ADGE VETERAN Date of Discharge /ETERAN -identify the classificatio		'):

HR/OIE	SICF	February 2015	
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Self-Identification Compliance Form

New	Update	Page 1	1 of 6

Gunderson Family Companies abides by the requirements of 41 CFR 60-300.5(a). This regulation requires affirmative action by covered contractors to employ and advance in employment qualified protected veterans. This includes not only that Gunderson Family Companies provide equal employment and advancement opportunities to all individuals based solely on merit, qualifications, and abilities, it also requires that Gunderson Family Companies recruit, hire, train, and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to protected veteran status. Furthermore, Gunderson Family Companies will make reasonable accommodations for qualified protected veterans with known disabilities unless doing so would result in an undue hardship. Finally, Gunderson Family Companies prohibits harassment of any individual on the basis of protected veteran status. Employees may raise concerns and make reports without fear of reprisal, harassment, intimidation, threats, coercion or discrimination, and they shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities, among others: (1) filing a complaint with Gunderson Family Companies or with federal, state, or local agencies; (2) assisting or participating in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state or local equal employment opportunity or affirmative action statute; (3) opposing any act or practice made unlawful by federal, state or local law requiring equal employment opportunity or affirmative action; or (4) exercising any other employment right protected by federal, state or local law or its implementing regulations.

If you are a disabled veteran, it would assist us if you tell us whether there are any accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The submission of this information is **voluntary** and your refusal to provide it will not subject you to any adverse treatment. We will use this information only in ways that are not inconsistent with VEVRAA, as amended.

The information you submit will be kept **confidential**, except that we may inform: (i) supervisors and managers regarding restrictions on your work or duties, and regarding necessary accommodations; (ii) first aid and safety personnel, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws the United States Office of Federal Contract Compliance Programs or the United States Equal Employment Opportunity Commission administer.

DATE	Signature

Why are you being asked to complete this form?

Because we do business with certain governmental entities, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. 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: Post-traumatic stress Blindness Autism Bipolar disorder disorder (PTSD) Deafness Cerebral palsy Major depression · Obsessive compulsive disorder • HIV/AIDS Multiple sclerosis (MS) · Impairments requiring Cancer the use of a wheelchair Diabetes Schizophrenia Missing limbs or Intellectual disability Epilepsy Muscular dystrophy partially missing limbs (previously called mental retardation) 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

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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.

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.