

**PREOFFER**  
**2020 VOLUNTARY EEO IDENTIFICATION FORM**  
Cascade Lumber Company

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. These pages are separated from your application immediately upon being received and is always kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of job to which you are qualified to apply: \_\_\_\_\_

Source of referral: (how did you learn of this job) \_\_\_\_\_

SEX:  Male  Female

**ETHNIC GROUP:**

Please check one:

- Hispanic or Latino — all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)
- Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

**RACIAL GROUPS:** If Non-Hispanic/Latino was selected above, please check one of the race categories below:

- White (not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American (not of Hispanic origin); All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino) — any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino) — all persons 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 Alaskan Native (not Hispanic or Latino) — all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more Races (not Hispanic or Latino) — all persons who identify with more than one of the above races.

**DECLINE SELF IDENTIFICATION:** If you do not wish to self-identify your gender, ethnicity, or race, please check the box below:

- I do not wish to self identify.

Signature: \_\_\_\_\_

**How did you hear of our opening:**

- Current Employee  Newspaper Ad  Recruiter  Other — Explain Below:

\_\_\_\_\_

**PREOFFER PROTECTED VETERAN SELF-IDENTIFICATION FORM**  
**[41 CFR § 60-300.42]**

Cascade Lumber Company is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs Veterans Act of 2002, 38 U.S.C. § 4212 ("Section 4212"), 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:

- (1) A "disabled veteran" is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or the recipient of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans' Affairs; or
  - b. A person who is discharged or released from active duty because of a service-connected disability;
- (2) A "recently separated veteran" means any veteran in the three-year beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An "active duty wartime or campaign veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "Armed Forces service metal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to Section 4212, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to Section 4212. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse action. The information will not be used in a manner inconsistent with Section 4212, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be notified,

when and to the extent appropriate, if you have a condition that might require emergency treatments; and (iii) government officials engage in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, as amended, may be informed.

- I identify as one or more of the classifications of protected veterans status listed above.
- I am not a protected veteran

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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](http://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 Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_