



# APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Day Wireless Systems. Your skills, abilities, experience and education will be considered in a non-discriminatory manner for vacancies in the specific job you indicate. Selection will be made on the basis of job related qualifications.

All information provided by you is regarded as confidential and is, together with all attached papers and documentation, considered the property of Day Wireless Systems. **Please complete all application materials in order for your qualifications to be adequately considered.** Day Wireless Systems is an Equal Opportunity/Affirmative Action Employer.

Day Wireless Systems will make reasonable accommodation in the employment process if needed.

**PLEASE PRINT OR TYPE**

**TODAY'S DATE**

POSITION / JOB APPLYING FOR		JOB / REFERENCE NO.		LOCATION	
LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS			
LIST ALL OTHER NAMES YOU HAVE USED (TO VERIFY WORK EXPERIENCE AND EDUCATIONAL CREDENTIALS)					
PLEASE INDICATE WHEN YOU CAN WORK BY CHECKING THE APPROPRIATE BOXES					DATE AVAILABLE FOR WORK
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY		
WERE YOU EVER CONVICTED OF, PLED NO CONTEST TO, OR PLACED ON PROBATION FOR A FELONY; ARE YOU CURRENTLY ON PROBATION; OR WERE YOU INVOLVED IN A FELONY OR MISDEMEANOR INVOLVING FRAUD OR VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. NOTE: RECENCY AND JOB RELATEDNESS OF A COURT RECORD WILL BE ASSESSED IN DETERMINING JOB QUALIFICATION OR DISQUALIFICATION.					
HAVE YOU EVER WORKED FOR ANY DAY WIRELESS SYSTEMS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: WHEN, WHICH COMPANY & POSITION					
WHOM MAY WE THANK FOR REFERRING YOU TO DAY WIRELESS SYSTEMS?					
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF UNDER AGE 18, CAN YOU PROVIDE PROOF OF YOUR AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVERS LICENSE NO.	STATE	CLASS	EXPIRATION DATE		

HIGH SCHOOL DIPLOMA / GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HIGHEST GRADE COMPLETED <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20					MORE
DEGREE (S) <input type="checkbox"/> VOCATIONAL		<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> BACHELOR	<input type="checkbox"/> MASTERS	<input type="checkbox"/> DOCTORATE		
HIGH SCHOOL ATTENDED			CITY	STATE			
TECHNICAL SCHOOL	CITY	STATE	FIELD OF STUDY	CERT. RCD.			
LAST COLLEGE / UNIVERSITY ATTENDED	CITY	STATE	MAJOR	DEGREE			
GRADUATE SCHOOL	CITY	STATE	MAJOR	DEGREE			

LIST ANY SPECIAL SKILLS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING THAT MAY BE CONSIDERED IN ASSESSING YOUR APPLICATION
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*This application is only good for thirty (30) days at the conclusion of which, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application.*

**EMPLOYMENT and WORK HISTORY.** List below your employment history, beginning with your **most recent employer.** Account for all periods of time, including any periods of unemployment and the reason for them. If required, please use additional sheets of paper to complete your history.

MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, INITIAL HERE.
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EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

EMPLOYER		FROM MO./YR.	TO MO./YR.
STREET / PO BOX	PHONE	JOB TITLE	ENDING SALARY
CITY		STATE	ZIP
		REASON FOR LEAVING	
SUPERVISOR - NAME / TITLE	JOB DUTIES		

The information listed above is true. I understand that false information may result in a rejection of my application or my discharge from employment, at the discretion of Day Wireless Systems, when discovered. This employment application and supporting documentation do not constitute a contract for employment for any specified term.

# REFERENCES

Please list five employment or educational references not related to you who can provide relevant information regarding your work habits and work history.

<b>1.</b>	NAME	PHONE	FAX	RELATIONSHIP
ADDRESS				
<b>2.</b>	NAME	PHONE	FAX	RELATIONSHIP
ADDRESS				
<b>3.</b>	NAME	PHONE	FAX	RELATIONSHIP
ADDRESS				
<b>4.</b>	NAME	PHONE	FAX	RELATIONSHIP
ADDRESS				
<b>5.</b>	NAME	PHONE	FAX	RELATIONSHIP
ADDRESS				

I acknowledge that the information I have provided in this Employment Application and Supporting Documentation is true, complete and not misleading. I understand that any false or misleading statement that is incorrect, incomplete, or untrue may be grounds for termination at the discretion of Day Wireless Systems if discovered at any date.

I hereby authorize my former employers, associates, educational institutions and references named in this Employment Application to give any and all information to Day Wireless Systems upon its request regarding my criminal conviction history (including deferred adjudication), prior employment, education, certifications, and license, and related qualifications for employment. I will not hold Company or any of its employees or agents, parties of such organizations or individuals employed by such organizations, liable for furnishing information and records or participating in related reference or background checks.

In the event I am employed by Day Wireless Systems, I agree to comply with all rules, regulations and policies. I understand and agree that any offer of employment may be contingent upon my successfully passing a pre-employment drug screen and/or employment physical according to Day Wireless Systems policy and to random checks, as allowed or required by law, thereafter. I consent to, and understand that if I drive a vehicle owned, leased or driven for Day Wireless Systems business, as an essential function of my job, my motor vehicle record will be subject to review prior to employment and to random checks thereafter.

**I understand that nothing in this employment application, and the companies's statements or the personnel guidelines, or in my communications with any Day Wireless Systems official is intended to create an employment contract between myself and Day Wireless systems. I also understand that Day Wireless systems has the right to modify it's policies without giving me any notice of the change (s). No promises regarding employment have been made to me. I understand that no such promise or guarantee is binding on Day Wireless Systems unless it is made in writing and signed by a Day Wireless Systems officer. I understand that if an employment relationship is established, I have the right to terminate my employment at any time. I also understand that Day Wireless Systems retains the right to terminate my employment at any time. I understand that any employment offered by Day Wireless Systems is at will.**

My signature below certifies that I have read, understand and agree to the contents of this certification, and that a photocopy or FAX copy of this signed form can be used for the business purposes described above.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE

**UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**APPLICATION MATERIAL RECEIVED BY E-MAIL MUST BE SIGNED PRIOR TO ANY IN-PERSON INTERVIEW.**

Please provide the following reference information. [These references should be in addition to](#) the “PERSONAL REFERENCES” or “EMPLOYMENT REFERENCES” that you provided on your employment application form.

**ADDITION PROFESSIONAL AND EMPLOYMENT REFERENCES:** The below listed references can be contacted to obtain information about my professional and employment experience:

1. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

# Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

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LAST	FIRST	FULL MIDDLE
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STREET ADDRESS

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CITY	STATE	ZIPCODE
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Please list other names used and dates of name change in the last ten years:

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FULL NAME	DATE
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FULL NAME	DATE
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FULL NAME	DATE
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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please provide details. (A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State \_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

State \_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

State \_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

State \_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

## INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

*In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, \_\_\_\_\_, its employees, any individual or agency obtaining information for \_\_\_\_\_, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.*

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Signed	Date
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Witnessed	Date
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# A Summary of Your Rights

## Under the Fair Credit Reporting Act

**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 then 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.

**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. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**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.

*For Applicant*

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

**FOR QUESTIONS OR CONCERNS REGARDING  
PLEASE CONTACT**

CRAAs, creditors and others not listed below  
Federal Trade Commission  
Consumer Response Center- FCRA  
Washington, DC 20580 \* 202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)  
Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 \* 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)  
Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 \* 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)  
Office of Thrift Supervision  
Consumer Programs  
Washington D.C. 20552\* 800- 842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)  
National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 \* 703-518-6360

State-chartered banks that are not members of the Federal Reserve System  
Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 \* 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission  
Department of Transportation  
Office of Financial Management  
Washington, DC 20590 \* 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921  
Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250 \* 202-720-7051

***For Applicant***

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



## APPLICANT VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Day Wireless Systems and its affiliated companies are an Equal Opportunity Employer. DWS considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants are invited to participate in the Affirmative Action Program.

In extending this invitation you are advised that: 1) You are under no obligation to respond, but may do so in the future if you choose; 2) Responses will remain confidential within the Human Resources Department; and 3) Responses will be used only for the necessary information to include in our Affirmative Action Program.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate in our Affirmative Action Program by completing this form, we thank you for your cooperation.

### Section 1: General Applicant Information – PLEASE USE THE FULL LEGAL NAME THAT MATCHES YOUR ID.

Full Legal Name:		Todays Date:
Position/Job Title:		Co. Name:
Your Zip Code:		

### Section 2: Referral Source – Please check one.

- Referred by current employee     Internet Site Name: \_\_\_\_\_     Internal Posting  
 Direct Recruit by Day / Cascade     Employment Agency     Newspaper Ad     Job Fair     Open House  
 School     Walk-In     Other (name of source): \_\_\_\_\_

### Section 3: Affirmative Action Data – Please complete.

A. **Gender** – Check ONE box:     Male     Female

B. **Race/National Origin** – Check the box below that corresponds to the category that best identifies your race/ethnicity.

**IMPORTANT:** If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – 1 for Black, 1 for Asian and 1 for Two or more races.

Race / Ethnic Category	Definition of Category
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<b>Categories below do not include Hispanic or Latino</b>	
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian	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.
<input type="checkbox"/> American Indian or Alaska Native	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.
<input type="checkbox"/> Two or more races (NOT Hispanic or Latino)	All persons who identify with more than 1 of the above 5 races. NOTE: Check all applicable boxes above.
<input type="checkbox"/> Do not wish to identify	All persons who do not wish to self-identify race or ethnicity.

**C. Veteran Status:** Please check the box below that applies. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only and will not effect your employment in any way.

Veteran Status*	Definition
0 <input type="checkbox"/> Not Applicable	
1 <input type="checkbox"/> Vietnam Era Veteran <sup>1</sup>	<b>Vietnam Era Veteran:</b> A person who (I) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; <b>OR;</b> (II) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location.
4 <input type="checkbox"/> Protected Veteran <sup>1</sup> .	<b>Protected Veteran:</b> A Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Dept. of Defense.
5 <input type="checkbox"/> Other Protected Veteran <sup>2</sup>	<b>Other Protected Veteran:</b> Veterans 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, a service medal, or an expeditionary medal has been authorized, under the laws administered by the Dept of Defense. To identify campaigns or expeditions that may meet this criteria, you may visit the following website: <a href="http://www.opm.gov/veterans/html/vgmedal12.htm">www.opm.gov/veterans/html/vgmedal12.htm</a> or send an email to <a href="mailto:othervets@vets100.com">othervets@vets100.com</a> to request a copy of the list.
6 <input type="checkbox"/> Newly Separated Veteran <sup>1</sup>	<b>Newly Separated Veterans:</b> Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.
7 <input type="checkbox"/> Recently Separated Veteran <sup>2</sup>	<b>Recently Separated Veterans:</b> Any veteran who served on active duty in the U.S. military, ground, naval or air service as of the past 3-year period beginning on the date of such veteran's discharge or release from active duty.
8 <input type="checkbox"/> Armed Forces Service Medal Veteran <sup>2</sup>	A veteran awarded an Armed Forces Services Medal per Executive Order 12985. Provide employer with a copy of Certificate of Release or Discharge from Active Duty (DD Form 214).

**THANK YOU FOR YOUR COOPERATION !**

**RETURN SURVEY:** By instructions in Job Ad or by Fax to HR DEPT (503) 794-3762 or (503) 794-3751

<sup>1</sup> Contracts Prior to Dec 1, 2003, +\$25,000, VETS-100 Form

<sup>2</sup> Contracts on or after Dec 1, 2003, +\$100,000, VETS-100A Form

To be completed by applicant - Not for interview purposes - To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or if necessitated by another federal law or regulation.