VOLUNTARY SELF-IDENTIFICATION FORM PURSUANT TO VEVRAA, FOR APPLICANTS

Citizens Bank & Trust Company

<u>Completion of this form is voluntary</u>. It will not be used in consideration of your application for employment.

Citizens Bank & Trust Company is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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.

CHECK ONE
I identify as, or belong to, one or more of the classifications of protected veteran listed above.
I am not a protected veteran

Voluntary Self-Identification of Disability

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OMB Control Number 1250 0005 Expires 04/30/2026

Name Employee ID Date

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law savs we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one People can become disabled so we need to ask this question at least every five years

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities" If you have or have ever had such a condition, you are a person with a disability Disabilities include, but are not limited to

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia rheumatoid arthritis, HIV/AIDS .
- · Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes

- Disfigurement, for example, disfigurement caused by burns. wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions for example depression bipolar disorder, anxiety disorder, schizophrenia PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair scooter, walker leg brace(s) and/or other supports

- Nervous system condition for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder. dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please	check	one of	the	boxes	below	ď
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Please check one of the boxes below						
0	Yes, I have a disability, or have had one No, I do not have a disability and have no I do not want 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 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				