

Voluntary Self Identification Questionnaire

Because TCLAD does business with the US Government, we must reach out to, hire, and provide equal opportunity to qualified individuals. To help us measure how we are doing, the below questionnaire is going to ask you to provide us with information about your race, gender, veteran status, and if you have, or have had, a disability.

Any answers you give will be kept private and will not be used against you in any way. You are not required to disclose any of this information and completion of the questionnaire is entirely voluntary.

Invitation to Self-Identify Gender & Ethnicity/Race

TCLAD Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite applicants and employees to voluntarily self-identify gender, race and ethnicity.

Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This information will be maintained separately from you application for employment. If you do not wish to self-identify at this time, you may do so in the future by submitting this form. Failure to provide the following information will not subject you to any adverse action or treatment.

TCLAD Inc is an Equal Opportunity / Affirmative Action employer. We provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, religion, sex, age, marital status, national origin, sexual orientation, citizenship status, veteran status, disability or any other legally protected status. We prohibit discrimination in decisions concerning recruitment, hiring, compensation, benefits, training, termination, promotions, or any other condition of employment or career development.

Gender

Ethnicity/Race

Invitation to Self Identify Protected Veteran Status

TCLAD Inc. 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, navel 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 Veteran Affairs; or
- · A person who was discharged or released from active duty because of 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.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I do not wish to identify at this time.

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-00005 Expires 04/30/2026

Voluntary Self-Identification of Disability

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 says 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. 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 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 hear disease
- Celiac disease Cerebral palsy
- · Deaf or serious difficulty hearing
- Depression or anxiety Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders Epilepsy or other seizure disorder
- Intellectual or developmental disability Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD

Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome

- 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, or Multiple sclerosis (MS) Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, or 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:

Yes, I have a disability or have had one in the past.

No, I do not have a disability and have not had one in the past.

I do not want to answer.

Your Name:

Today's Date:

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. Once you have completed the form, please save and upload it as an attachment with your job application.