

## Affirmative Action Survey

In order to comply with federal equal employment opportunity recordkeeping and reporting requirements, Jennie-O Turkey Store, Inc., Jennie-O Turkey Store Sales, LLC, Jennie-O Turkey Store International, Inc, and West Central Turkeys, LLC. are required to survey applicants, new hires, and employees for certain demographic information. Accordingly, we ask that you provide the information requested below. Self-identification is voluntary; declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government. This data will be kept in a **confidential file** separate from your personnel records.

### Self-Identification of Race/Ethnicity and Gender

**Gender:**     Male (M)     Female (F)

**Race and Ethnicity:** In what category do you consider yourself to belong?

- White (0):** a person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- Black or African American (1):** a person having origins in any of the black racial groups of Africa.
- Asian (2):** 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.
- American Indian or Alaska Native (3) -** a person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Hispanic or Latino (4):** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander (5):** a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races/ethnicity (6):** a person having origins in two or more of the races/ethnicities listed. You are requested to list one of these to which you most closely identify. \_\_\_\_\_.
- I choose not to self-identify my race or ethnicity (7)**

### Self-Identification of Protected Veterans Status

Jennie-O Turkey Store, Inc., Jennie-O Turkey Store Sales, LLC, Jennie-O Turkey Store International, Inc, and West Central Turkeys, LLC. are government contractors 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.

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.**

I AM A PROTECTED VETERAN    (1 Applicant entry or 8 hire/rehire entry) \_\_\_\_\_

I AM NOT A PROTECTED VETERAN

I DECLINE TO ANSWER

Print Name: \_\_\_\_\_

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

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

OVER



**These classifications are defined as follows:**

- **Active Duty Wartime or Campaign Badge Veteran:** a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a “period of war” as defined below or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Period of war is defined for these purposes by the Department of Labor as:

June 27, 1950 – January 31, 1955 (Korean conflict);

February 28, 1961 – May 7, 1955 (for veterans serving in the Republic of Vietnam);

August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict); and

August 2, 1990 – present (Gulf War).

- **Disabled Veteran:** (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran:** 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.
- **Armed Forces Service Medal Veteran:** 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](#).

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Executive Order 11246 as amended or the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

**Referral Source**

The information in the section below is gathered primarily to analyze the effectiveness of various recruiting sources. It will be used in only a limited way for government reporting.

Other:

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Newspaper Ad              | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Referred by employee                |
| <input type="checkbox"/> Local Chamber             | <input type="checkbox"/> Walk-In  | <input type="checkbox"/> Referred by friend (non-employee)   |
| <input type="checkbox"/> Other: What source? _____ |                                   | <input type="checkbox"/> Referred by relative (non-employee) |

Internet:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Facebook                        | <input type="checkbox"/> Indeed.com        | <input type="checkbox"/> Company website |
| <input type="checkbox"/> LinkedIn                        | <input type="checkbox"/> CareerBuilder.com | <input type="checkbox"/> Monster.com     |
| <input type="checkbox"/> College Career Services website |  |  |

Job Fair/Presentation:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> College Job Fair | <input type="checkbox"/> On Campus Club     | <input type="checkbox"/> High School Presentation |
| <input type="checkbox"/> Veteran Job Fair | <input type="checkbox"/> Community Job Fair |   |

Employment Services:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> State Job Service | <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Vocational Rehabilitation Services |
| <input type="checkbox"/> Employment Agency |   |   |

# Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2017

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## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

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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.

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<sup>i</sup> 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](http://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.