

**AFFIRMATIVE ACTION AND VOLUNTARY SELF-IDENTIFICATION OF DISABILITY  
FORM FOR APPLICANTS**

**NAME** \_\_\_\_\_

Please Print

**Date** \_\_\_\_\_ **Position** \_\_\_\_\_

**Molin Concrete Products Company is subject to Federal and State governmental recordkeeping and reporting requirements.** The following information is necessary to comply with Federal Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, as amended, and Minnesota nondiscrimination guidelines+. Your response is voluntary; you will not be treated adversely if you refuse to complete this form. This information is maintained separately from any application or employment information. When it is used for reporting it will not identify any specific individual.

**Check appropriate information below**

**Gender**       Male       Female

**Race/Ethnicity**

- Hispanic or Latino       White       Black/African American
- Asian       Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native       Two or more Races

To help measure how well we are doing reaching out to hire and provided equal opportunity to qualified people with disabilities 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 you will choose to answer. 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.

You are considered to have a disability if you have a physical or mental impairment or a 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                       | *Impairments requiring wheelchair use                           |
| *Diabetes  | *Schizophrenia      | *Missing limbs or partially missing limbs | *Intellectual disability (previously called mental retardation) |
| *Epilepsy  | *Muscular Dystrophy |   |   |

**Please check the appropriate box:**  Yes, I have a disability (or previously had a disability)     No, I do not have a disability     I do not wish to answer

**Are you a Veteran?**     Yes       No

Vietnam Era     Yes       No

Disabled Veteran  Yes       No

**How did you learn about this position?** \_\_\_\_\_

+ For more information about this form or the equal employment obligations of Federal contractors, visit the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) @ [www.dol.gov/ofccp](http://www.dol.gov/ofccp)