

Human Resources Information Worksheet

PLEASE INCLUDE YOUR COMPLETE LEGAL NAME

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Marital Status: (Please Bold or Highlight Status)	Married Single Divorced	

Spouse Information

Name:		
SSN:	Date of Birth:	Phone:

Emergency Contact

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Education

Bold or Highlight Highest Level Achieved

No Academic Credentials
 Trade Certificate
 Associates Degree
 Bachelors Degree
 High School Diploma

 Some College
 Professional Degree

Year Achieved:	Name of Institution/School:
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Dependent Information

For all dependents being covered under Health Plans (Spouse and Children)

Full Name	SS#	Date of Birth	Relationship	Full Time Student? (Y/N)	Handicap? (Y/N)

Other Insurance Coverage

Are you or any of your dependents covered by another group medical insurance plan, HMO or Medicare? If yes, please provide the details below:	
Medical Coverage Through (dependent name):	
Social Security Number or Member Number:	
His/Her Employer is:	
The employer's Insurance Company is:	
The Group/Policy Number is:	

Completion of this form allows Volvo to create a personalized enrollment form for the Volvo options benefits program. No enrollment is done directly from this form. This form must be completed and returned prior to your first day.

Completed by:	Date:	
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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.¹ 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

Voluntary Self-Identification of Disability

Form CC-305
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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.

ⁱ 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.

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.

Invitation to Self-Identify

1. This employer 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**.

* Affiliated and subsidiary companies, business units and areas include (but are not limited to): Volvo Group North America, Inc., Volvo Trucks North America, Arrow Truck Sales, Mack Trucks, Volvo Construction Equipment, Volvo Penta of the Americas, Volvo Services, Volvo Aircraft, Volvo Financial Services, Prevost Car (US), Volvo Logistics Region North America, Volvo Information Technology, Volvo Business Services, Volvo NAP, and Volvo Parts North America.

2. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

**I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS
(CHOOSE ALL THAT APPLY):**

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
ARMED FORCES SERVICE MEDAL VETERAN

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- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. 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 the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. “It is the policy of our organization that equal employment opportunity be provided in the employment and advancement of covered veterans and persons with disabilities at all levels of employment, including the executive level. We do not and will not discriminate against any applicant or employee because he or she is a covered veteran or because of a physical or mental disability in regard to any position for which the applicant or employee is qualified. In addition, we are committed to a policy of taking affirmative action to employ and advance in employment qualified covered veterans and individuals with disabilities. Such affirmative action shall apply to all employment practices, including, but not limited to hiring, upgrading, demotion or transfer, recruitment, recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship and on-the-job training. Decisions related to personnel policies and practices shall be made on the basis of an individual's capacity to perform a particular job and the feasibility of any necessary job accommodation. We will make every effort to provide reasonable accommodations to any physical and mental limitations of individuals with disabilities and to disabled veterans.”

Invitation to Self-Identify

Please complete the information requested below by placing an X beside the appropriate category. Thank you for your cooperation.

Please select any and all of the categories that apply to you.
(See next page for definitions)

Race or Ethnic Identity		Gender	
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Male
<input type="checkbox"/>	White (not Hispanic or Latino)	<input type="checkbox"/>	Female
<input type="checkbox"/>	Black or African American (not Hispanic or Latino)	<input type="checkbox"/>	
<input type="checkbox"/>	Native Hawaiian or Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/>	
<input type="checkbox"/>	Asian (not Hispanic or Latino)	<input type="checkbox"/>	
<input type="checkbox"/>	American Indian or Alaskan Native (not Hispanic or Latino)	<input type="checkbox"/>	
<input type="checkbox"/>	Two or More Races (not Hispanic or Latino)	<input type="checkbox"/>	
<input type="checkbox"/>	I do not wish to Self-Identify	<input type="checkbox"/>	
Signature: _____			

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

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 (Not Hispanic or Latino)

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.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

notice of rights *for North Carolina Applicants*

Volvo Group North America
HR Service Center
7900 National Service Rd. DR2-38
Greensboro, NC 27409
336-393-3477

It is the policy of the Volvo Group North America (and its subsidiary and affiliated companies, business areas and units* and their affiliated and subsidiary companies) that applicants and employees are not permitted to use illegal drugs or abuse legal drugs at any time; are not permitted to have illegal or unauthorized drugs on company property at any time; and are not permitted to be under the influence of drugs while on company property or while working for the company. As a part of that policy, all offers of new employment are conditional and the hiring process is completed only after test results show that the applicant is free of drugs.

You have the following rights in connection with our policy and drug testing:

1. You are not required by law to submit to the test. However, if you refuse to submit to the test or try to avoid the test or to affect the results of the test by any trick or device, you will not be hired or your employment may be terminated.
2. You have the right to have the test sample collected under clean and sanitary conditions in a manner that preserves your individual dignity to the extent practicable.
3. You have the right to have the sample tested by a laboratory that has been approved under state law.
4. If your initial screen shows a positive result, you may request that your sample be submitted for a confirming test by the approved laboratory utilizing gas chromatography with mass spectrometry or an equivalent scientifically accepted method at your own cost.
5. If the confirming test produces a positive result, if it was a urine test, the laboratory will preserve a portion of your sample for 90 days from the date the results of your test were mailed or otherwise delivered to us. If it was a hair drug test you have the right to submit another sample of hair. You have the right to have your sample re-tested by the same or another approved laboratory at your expense. To exercise this right, you will need to submit a written request to the Company.

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