



Established in 1974

Superior Ambulance Service, Inc.

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"Medical Specialists"

INVITATION TO SELF-IDENTIFY INDIVIDUALS WITH DISABILITIES AND VETERANS

In accordance with Federal regulations relating to Equal Employment Opportunity (EEO) and affirmative action, our firm is prohibited from discrimination in employment practices because of veteran or disability status and is required to take affirmative action to employ and advance in employment qualified individuals with disabilities and covered veterans. If you are an individual with a disability or covered veteran and would like to be considered under our Affirmative Action Program (AAP), we invite you to self-identify. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be kept separate from your resume and/or employment application in compliance with EEO Federal regulations.

Date of Application/Resume: _____ Position Applied: _____

Location of Position for which Application/Resume was made: _____

Name (last, first, middle, maiden, if any): _____

Address (Street & No. or P. O. Box, City, State, Zip): _____

Check Applicable box(es):

I am an individual with a disability – An individual with a disability is defined under Section 3 of the Americans with Disabilities Act of 1990 (42 USC 2102) that amended Section 503 of the Rehabilitation Act of 1973 means, with respect to an individual, (A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment, or (C) being regarded as having such an impairment.

I am an "other" protected veteran – veterans 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 U.S. Department of Defense. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedao2.htm>. A copy of this list may also be obtained by calling (301) 306-6752 and requesting a copy of the list be mailed to you.

I am a 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.

I am a disabled veteran – (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

I am a Armed Forces Service Medal Veteran - any 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 (61 FR 1209)

I am a "special disabled veteran" – A veteran 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 Department of Veterans Affairs for a disability: (1) rated at 30% or more; or (2) rated at 10% or 20% in the case of a veteran who has been determined under 38 USC 3106 to have a serious employment handicap; or (3) a person who was discharged or released from active duty because of service-connected disability.

I am a Vietnam era veteran – a person who (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975, in all other cases; or (2) was

discharged or released from active duty for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases.

None of the above mentioned references apply to me

Please provide the following information regarding your disability:

My disability is: _____

Special methods, skills and procedures that could qualify for positions that I might not otherwise be able to do because of a disability: _____

Suggested accommodations that could be made for the disability: _____

Signature Date Print Name

PLEASE RETURN THIS FORM TO YOUR HUMAN RESOURCES REPRESENTATIVE