



Skyline Construction-NW

NEW Diversity Survey

Equal Employment Opportunity/ Affirmative Action Employer

As an equal employment opportunity and affirmative action employer, it is the policy of The Skyline Construction Services, LLC to promote and ensure equal employment opportunity for all individuals. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identity, status as a protected veteran, among other things, or status as a qualified individual with disability. Skyline Construction Services-NW is committed to the Affirmative Action Program in compliance with all government requirements to ensure nondiscrimination. Women, LGBT, minorities, protected veterans, and individuals with disabilities are encouraged to apply. The Skyline Construction Services is accessible to persons with disabilities.

Preferences:

Skyline Construction Services-NW has established both a vendor and employment practice to ensure diversity and comply with our affirmative action plan. Skyline Construction Services-NW is an LGBT-Owned Company and a Disadvantaged Small Business. We support the LGBT community in our goal of diversity. Pursuant to RCW 49-60; Title VII Civil Rights Act of 1964 and the Americans with Disabilities Act, Skyline has employment and Vendor practice with preferences towards protected Women, minorities, LGBT, Veterans, Disabled, and Disabled Veterans. Questions have been added to the application to easily identify those individuals that are eligible for preference in employment.

VOLUNTARY INVITATION TO SELF-IDENTIFY: FEMALE APPLICANTS OR LGBT OR MEMBERS OF MINORITY GROUPS

Skyline Construction Services-NW. ("Skyline") is a government contractor subject to Executive Order 11246, as amended, which requires government contractors to take Affirmative Action to employ and advance in employment qualified females and persons of color. "Persons of color" includes Native Americans (including people indigenous to Alaska), people of Asian and Pacific Island origin (including all people from the Indian subcontinent), African Americans and Hispanics. Pursuant to RCW 49.60 Age and LGBT and Gender Identity discrimination is forbidden.

Skyline is actively seeking qualified protected veteran, disabled, LGBT, woman or person of color for existing and future employment. To improve its recruitment and to increase the flow of qualified applicants who are protected veteran, disabled, LGBT, woman or person of color, the Company contacts local, state and federal

employment referral agencies. Your completion of the attached form will assist Skyline in meeting its affirmative action and equal opportunity commitments. Identification of yourself as a protected veteran, disabled, LGBT, woman or person of color is

voluntary and the refusal to provide this information will not subject you to any adverse treatment. Any information you submit will be kept confidential, except that government officials engaged in enforcing laws administered by the OFCCP or the EEOC may be informed. The information provided will be used only in ways that are consistent with Executive Order 11246, as amended, Americans With Disabilities Act, RCW 49-60, and Title VII of the Civil Rights Act of 1964, as amended.

INVITATION TO SELF-IDENTIFY

Skyline Construction Services-SW, LLC. is subject to Executive Order 11246, which requires federal government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. You are invited to provide information to assist us in meeting government reporting requirements and furthering our affirmative action efforts in the employment and advancement of qualified minorities and women. Please note that completion of this information is voluntary. Refusal to complete this information will not subject you to adverse treatment. The information you provide is confidential and will be kept separate from your other applicant information. This information will only be used for data reporting requirements and will not be considered in making any employment decisions. Qualified applicants are considered for and treated during employment without regard to race, color, religion, national origin, citizenship, age, sex, sexual orientation, gender identity, marital status, ancestry, physical or mental disability, or veteran status. If you are interested in providing this information, please complete this form and return it with your application.

RACE/ETHNIC DESIGNATION

Please check only *one*:

- Hispanic/Latino** (See descriptions below)
- White** (Not Hispanic or Latino)
- Black/African American** (Not Hispanic or Latino)
- Asian** (Not Hispanic or Latino)
- Native Hawaiian/Other Pacific Islander** (Not Hispanic or Latino)
- American Indian/Alaska Native** (Not Hispanic or Latino)
- Two or More Races** (Not Hispanic or Latino)
- Other** _____

Gender Designation

GENDER Male Female

LGBT Designation

LGBT

Veteran Designation

- Protected Veteran**
- Protected Disabled Veteran**
- Not a Protected Veteran or Never Served**

Race/Ethnic Definitions:

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.

SELF-IDENTIFICATION OF DISABILITY

Skyline Construction Services-NW, LLC has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Skyline Construction Services-NW, LLC efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE

Targeted Disabilities or Serious Health Conditions:

- 02-Developmental Disability, for example, autism spectrum disorder
- 03-Traumatic Brain Injury
- 19-Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
- 20-Blind or serious difficulty seeing even when wearing glasses
- 31-Missing extremities (arm, leg, hand and/or foot)
- 40-Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- 60-Partial or complete paralysis (any cause)
- 82-Epilepsy or other seizure disorders
- 90-Intellectual disability
- 91-Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- 92-Dwarfism
- 93-Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders

Other Disabilities or Serious Health Conditions:

- 13-Speech impairment
- 41-Spinal abnormalities, for example, spina bifida or scoliosis
- 44-Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
- 51-HIV Positive/AIDS
- 52-Morbid obesity
- 59-Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis
- 80-Cardiovascular or heart disease
- 81-Depression, anxiety disorder, or other psychiatric disorder
- 83-Blood diseases, for example, sickle cell anemia, hemophilia
- 84-Diabetes

- 85-Orthopedic impairments or osteo-arthritis
- 86-Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- 87-Kidney dysfunction
- 88-Cancer (present or past history)
- 94-Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)
- 95-Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia
- 96-Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis
- 97-Liver disease, for example, hepatitis or cirrhosis
- 98-History of alcoholism or history of drug addiction (but not currently using illegal drugs)
- 99-Endocrine disorder, for example, thyroid dysfunction

Other Options:

- 01-I do not wish to identify my disability or serious health condition.
- 05-I do not have a disability or serious health condition.
- 06-I have a disability or serious health condition, but it is not listed on this form.

Definition

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

The Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

Privacy Act Statement

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.

Please indicate the Title of the position applied for:

Skyline Construction Services-NW. does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, gender identity, disability, veteran or marital status or other protected status covered by federal, state or local law.

Applicant's Signature: _____.

Date: _____.

For Office Use Only (do not write in this box)

Category of position applied for (Check One):

- 1.1 - Executive/Senior Level Officials and Managers
- 1.2- First/Mid-Level Officials and Managers
- 2 - Professionals
- 3 - Technicians
- 4 - Sales Workers
- 5 - Administrative Support Workers
- 6 - Craft Workers
- 7 - Operatives
- 8 - Laborers and Helpers
- 9 - Service Workers

- 10-Vendor/Subcontractor
- 11- General Partner/Owner
- 12- Equity Partner

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<p>In order to comply with reporting regulations as required by the State of Tennessee and the United States federal income tax laws, it is necessary that the following information be provided prior to the issuance of any University contract. 1. Name of Contractor:</p> <p>_____</p> <p>Federal ID / Social Security Number:</p> <p>_____</p>	<p>Is Contractor a US citizen?</p> <p>Yes</p> <p>No</p> <p>If no, state country of citizenship:</p> <p>_____</p> <p>(If not a US Citizen, please include a copy of Visa with this form.)</p>
<p>3. Kind of Ownership (Check all that apply):</p> <p>Govt. (GO)</p> <p>Agency of the State of Washington (SA)</p> <p>Non-Profit (NO)</p> <p>Majority (MJ)</p> <p>Minority* (see reverse side for definition)</p> <p>Woman (WO)** (see reverse side for definition)</p> <p>Small (SM)*** (see reverse side for definition)</p> <p>Protected Veteran (MV)</p> <p>Protected Disabled Veteran (MDV)</p> <p>Disabled (MD)</p> <p>LGBT (ML)</p>	<p>4. Minority / Ethnicity Code (Check One):</p> <p>African American (MA)</p> <p>Native American (MN)</p> <p>Hispanic American (MH)</p> <p>Asian American (MS)</p> <p>Other Minority (MO)</p> <p>Specify: _____</p> <p>Two or More Races (MT)</p>
<p>5. Preference for reporting purposes: (Note: If Contractor qualifies in multiple categories as small, woman-owned and/or minority, Contractor is to specify in which category he / she is to be considered for reporting and classification purposes.)</p> <p>Small Minority Woman-Owned</p>	
<p>Certification: I certify that all the information as completed above is accurate and true.</p> <p>_____</p> <p>Signature Date</p> <p>Name (Printed): _____</p> <p>Title: _____</p> <p>Please be aware that we must receive both the Substitute W-9 form AND the Minority/Ethnicity form to establish a vendor/contract record. The Substitute W-9 form can be found at http://www.apsu.edu/legal_affairs/forms/SubW9.pdf Vendors slow or reluctant to complete APSU's Substitute W-9 form may submit the IRS Substitute W-9 form, but must still complete the Minority/Ethnicity form .If none of the information requested on the Minority/Ethnicity form</p>	

applies per the vendor or contractor, they must still complete the form. We ask that they simply indicate "N/A" or "Not Applicable."