AN INVITATION TO INDIVIDUALS WITH DISABILITIES, AND PROTECTED VETERANS

Our company is subject to the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans’ Readjustment Assistance Act (VEVRAA) of 1974, as amended by the Jobs for Veterans Act of 2002, which require that we take affirmative action to employ and to advance in employment, Individuals With Disabilities, Special Disabled Veterans, Veterans of the Vietnam Era, Disabled Veterans, Recently Separated Veterans, Active Duty Wartime or Campaign Badge Veterans, and Armed Forces Service Medal Veterans.

If you are a veteran in one of the protected veteran categories listed in the previous paragraph, please tell us at this time and/or at any time in the future. If you are a special disabled veteran, disabled veteran, or an individual with a disability covered by this Affirmative Action Program, please tell us after a job offer has been made to you. This information will assist us in placing you in an appropriate position and in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of special and/or disabled veterans or individuals with disabilities, and regarding reasonable accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition(s) might require emergency treatment; and (3) Government officials engaged in enforcing laws administered by the DOL-OFCCP, or the Americans with Disabilities Act, as amended, may be informed.

If you are a protected veteran or an individual with a disability, we would like to include you under our Affirmative Action Program. If you have a disability, it would also assist us if you would tell us about (a) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (b) the reasonable accommodations, we might be able to make which would enable you to perform the essential functions of your job properly and safely, including special equipment, changes in the physical layout of the job, or other reasonable accommodations.

For further information concerning this program, please see one of our hiring officials or our EEO/AAP Coordinator. Additionally, our Affirmative Action Program is available for review during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday from our EEO/AAP Coordinator, Julie S. Maschke, (757) 766-5807, maschke@stcnet.com.

Sincerely,

Adarsh Deepak
President & CEO

January 1, 2018
DISABILITY INFORMATION SHEET

1. Name: ________________________________

   Position or Positions applied for: ________________________________

2. Do you have a mental or physical disability? ☐ Yes  ☐ No
   [Definition: A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.]

3. What are the skills and procedures you use or intend to use to perform the job notwithstanding the disability:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. The accommodations which we could reasonably make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job and/or elimination of certain duties relating to the job, or other accommodations:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. What special skills do you have which will aid us in finding you a position or advancement:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Date: ____________________

Please return completed form to:
STC Corporate Human Resources
21 Enterprise Parkway, Suite 150
Hampton, VA 23666