PRE-OFFER INVITATION TO APPLICANTS TO SELF IDENTIFY AS A

PROTECTED VETERAN

MicroCare is a federal 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 contractors to take affirmative action to employ and advance in employment:

1. **disabled veterans** defined as (a) veterans of the U.S. military, ground, naval or air service who are 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 (b) persons who were discharged or released from active duty because of a service-connected disability;
2. **recently separated veterans** defined as any veterans during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the LI.S. military, ground, naval, or air service;
3. **active duty wartime or campaign badge veterans** defined as 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 Department of Defense; and
4. **Armed Forces service medal veterans** defined as veterans 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. This information is being requested on a voluntary basis and will be kept confidential, consistent with applicable law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

□ I Identify As One Or More Of The Classifications Of Protected Veteran Listed Above.

□ I Am Not A Protected Veteran

 □ I Choose Not To Self- Identify.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_