St. Johns Bank and Trust Company

POST OFFER INVITATION TO SELF-IDENTIFY
PROTECTED VETERANS

Print Name: _____ _____ _____
Last **First** **Middle**

St. Johns Bank and Trust Company is a Government Contractor and therefore requests that you provide us with the following information in order to measure the effectiveness of our outreach and positive recruitment efforts to comply with current regulations regarding veteran hiring. **Protected veterans are defined as follows**:

- **Disabled Veteran** – (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

- **Recently Separated Veteran:**
  A 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.

- **Active Duty Wartime or Campaign Badge Veteran** - 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.

  Period of War Dates now include:

Persian Gulf War	August 2, 1990 to present
Vietnam Era	August 5, 1964 to May 7, 1975 for all veterans
	February 28, 1961 to May 7, 1975 for vets serving in the Republic of Vietnam
Korean Conflict	June 27, 1950 – January 31, 1955

- **Armed Forces Service Medal Veteran** - 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 (61 F.R. 1209).

Based on the categories of protected veterans listed above, please indicate your status by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request the information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

[ ] I identify as one or more of the classifications of Protected Veteran listed above

[ ] I am not a Protected Veteran

Please return this form to the Human Resources department. Disclosure of your status as a protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADAAA.

_____ _____
Signature **Date**