

Applicant Background Survey

This survey is used to collect and analyze data involving race, sex, age, disability, and national origin from applicants for employment. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While completion of this form is voluntary, your cooperation is important to help ensure accurate information regarding employment practices. We ask you to answer each of the questions to the best of your ability. Print your answer clearly. Read each item thoroughly before selecting the appropriate response.

A. Announcement number(s) and/or position(s) for which you are applying:

B. Year of Birth:

□	□	□	□
---	---	---	---

C. For Agency Use:

D. How did you learn about the position or exam for which you are applying? For example: radio, job fair, friend, newspaper, school counselor, etc.

E. Ethnicity

- HISPANIC or LATINO - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NOT HISPANIC or LATINO

F. Race (select one or more)

- AMERICAN INDIAN or ALASKA NATIVE - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN - 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, or Vietnam.
- BLACK or AFRICAN AMERICAN - a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- WHITE - a person having origins in any of the original peoples of Europe, the Middle East, or North America.

G. Sex

- Male
- Female

H. Disability

A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Missing extremities <input type="checkbox"/> Partial paralysis <input type="checkbox"/> Complete paralysis | <ul style="list-style-type: none"> <input type="checkbox"/> Convulsive disorder <input type="checkbox"/> Mental retardation <input type="checkbox"/> Mental or emotional illness <input type="checkbox"/> Severe distortion of limbs and/or spine <input type="checkbox"/> I have a disability, but it is not listed (<i>specify</i>): _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT

Privacy Act Information: This information is provided pursuant to Public Law 93-579 ("Privacy Act of 1974") for individuals completing Federal records and forms that solicit personal information. The authority is Title V of the U.S. Code, sections 1301, 3301, 3304, and 7201. **Purpose and Routine Uses:** This form is maintained in Privacy Act system records 09-90-0006, Applicants for Employment Records, HHS/OS/ASMB. The information in this survey is used solely for research and for statistical purposes to help ensure that agency personnel practices meet the requirements of Federal law. No other uses will be made of this information. This form will be separated from other application materials upon receipt. **Effects of Non-Disclosure:** Providing this information is voluntary; no individual personnel selections are made based on this information. **Paperwork Reduction Act Statement:** A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to vary from one to three minutes with an average of two minutes per response, including time for reviewing instructions, and completing and reviewing the collection of information.

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON AREA OFFICE
1900 E STREET, N.W.
WASHINGTON, D.C. 20415