

US. DEPARTMENT OF HEALTH & HUMAN SERVICES
Applicant Background Survey

GENERAL INSTRUCTIONS

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 answers 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-s 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 Phillipine 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.

I do not **have** a disability
Deaf

Blind
 Missing extremities
Partial paralysis
Complete **paralysis**

I have a **disability**, but it is not listed (*specify*): _____

Convulsive disorder
Mental retardation
Mental or emotional illness
Severe distortion of limbs
and/or spine

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 1302, 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.