

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

**U.S. Department of Health and Human Services
APPLICANT BACKGROUND SURVEY**

OMB Number 0900-31
Expires 3/31/98

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 or circle your entries 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C. For Agency Use <input style="width:100%" type="text"/>
--	--	--

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.

<p>E. Race</p> <p><input type="checkbox"/> 1. AMERICAN INDIAN OR ALASKA NATIVE A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. Specify tribal affiliation. _____</p> <p><input type="checkbox"/> 2. ASIAN OR PACIFIC ISLANDER A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, Samoa, and Vietnam.</p> <p><input type="checkbox"/> 3. BLACK A person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> 4. WHITE A person having origins in any of the original people of Europe, North Africa or the Middle East</p>	<p>F. Ethnicity</p> <p><input type="checkbox"/> HISPANIC ORIGIN A person of Puerto Rican, Mexican, Cuban, Central or South American, or other Spanish cultures or origins regardless of race.</p> <p><input type="checkbox"/> NOT OF HISPANIC ORIGIN</p>
---	--

<p>G. Sex:</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p>	<p>H. Disability</p> <p>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.</p> <table border="0" style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> 1. I do not have a disability</td> <td style="width:33%"><input type="checkbox"/> 7. Convulsive Disorder</td> </tr> <tr> <td><input type="checkbox"/> 2. Deaf</td> <td><input type="checkbox"/> 8. Mental Retardation</td> </tr> <tr> <td><input type="checkbox"/> 3. Blind</td> <td><input type="checkbox"/> 9. Mental or Emotional Illness</td> </tr> <tr> <td><input type="checkbox"/> 4. Missing Extremities</td> <td><input type="checkbox"/> 10. Severe Distortion of Limbs and/or Spine</td> </tr> <tr> <td><input type="checkbox"/> 5. Partial Paralysis</td> <td><input type="checkbox"/> 11. I have a disability, but it is not listed. Specify _____</td> </tr> <tr> <td><input type="checkbox"/> 6. Complete Paralysis</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. I do not have a disability	<input type="checkbox"/> 7. Convulsive Disorder	<input type="checkbox"/> 2. Deaf	<input type="checkbox"/> 8. Mental Retardation	<input type="checkbox"/> 3. Blind	<input type="checkbox"/> 9. Mental or Emotional Illness	<input type="checkbox"/> 4. Missing Extremities	<input type="checkbox"/> 10. Severe Distortion of Limbs and/or Spine	<input type="checkbox"/> 5. Partial Paralysis	<input type="checkbox"/> 11. I have a disability, but it is not listed. Specify _____	<input type="checkbox"/> 6. Complete Paralysis	
<input type="checkbox"/> 1. I do not have a disability	<input type="checkbox"/> 7. Convulsive Disorder												
<input type="checkbox"/> 2. Deaf	<input type="checkbox"/> 8. Mental Retardation												
<input type="checkbox"/> 3. Blind	<input type="checkbox"/> 9. Mental or Emotional Illness												
<input type="checkbox"/> 4. Missing Extremities	<input type="checkbox"/> 10. Severe Distortion of Limbs and/or Spine												
<input type="checkbox"/> 5. Partial Paralysis	<input type="checkbox"/> 11. I have a disability, but it is not listed. Specify _____												
<input type="checkbox"/> 6. Complete Paralysis													

PRIVACY ACT AND PUBLIC BURDEN 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 5 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/ASPER. 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.

Public Burden Information: Public burden reporting for this information is estimated to vary from one to three minutes with an average of two minutes per response. Including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions to: OS Reports Clearance Officer, Division of Organization and Management Analysis, Room 4700, 330 Independence Ave., SW, Washington, DC 20201.