

## Tennessee Valley Authority Applicant Information Sheet

OMB No. 3316-0063  
Exp. Date: 09/30/2007

**The following information is required:**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

**Under which of the following are you authorized to work in the United States?**

- U.S. citizen
- Lawfully admitted for permanent residence (permanent residence card [green card] - A# \_\_\_\_\_ )
- Granted asylum and granted an employment authorization document
- Refugee and granted an employment authorization document
- Temporary work visa or employment authorization document
- None of the above. Explain: \_\_\_\_\_

**Veteran Status**

Are you a U.S. veteran?  Yes  No

Veterans and Derivative Preference Eligible candidates must provide the latest copy of their DD-214 or a letter from the U.S. Department of Veteran's Affairs that includes your name, rank, years of service, and "Character of Service." Disabled Veterans must in addition provide a letter from the U.S. Department of Veteran's Affairs dated within one year of the closing date of the position on which they are applying stating the percentage of the disability. TVA does not use the point system, and all veterans are not eligible for Veteran's Preference.

**Data on Convictions**

Have you ever been convicted of an offense against the law, or are you now under charges for any offense against the law? (This includes felony, misdemeanor, and traffic convictions of \$200 or greater. Also report any court martial and non-judicial punishment while in the military.)  Yes  No If yes, please explain below.

Date	Location	Charge/Offense	Penalty Imposed

Explanation (if applicable):

1. Have you ever been discharged, fired or terminated from employment?  Yes  No
2. Have you ever resigned from employment?  Yes  No
3. If you answered yes to either of the above, please provide details below and include dates.

Details/Dates (if applicable):

Permanent County of Residence: \_\_\_\_\_

**I certify that the above information is correct to the best of my knowledge and belief.**

Sensitive Information \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Voluntary Invitation to Self-Identify

The policy of TVA is to provide Equal Employment Opportunity (EEO) and to prohibit discrimination in employment. In an effort to ensure TVA is successful in meeting our commitment to EEO, we invite you to provide the following information. This information will be used for statistical purposes only. The completion of this portion of the form is strictly voluntary.

Gender  M  F

**Race and National Origin Definitions** *(Please select one)*

- American Indian or Alaskan Native.** Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation or community recognition.
- Asian (Non-Hispanic).** 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, and Vietnam.
- Black or African-American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Hispanic or Latino(a).** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino(a)."
- Native Hawaiian or Pacific Islander (Non-Hispanic).** 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 Africa.
- Two or more races from those listed**

**Disability**  Yes  No *(If yes, indicate the appropriate numerical code from the listing on page 2.)* \_\_\_\_\_

I have voluntarily provided the above self-identification information to TVA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Voluntary Invitation to Self-Identify (Continued)  
Disability Codes

- 01 Handicap recorded on medical records only
- 05 No handicap
- 06 No handicap of types listed

**Speech Impairments**

- 13 Stuttering, Aphasia, Laryngectomy

**Hearing Impairments**

- 15 Hard of hearing or deaf in one ear
- 16 Total deafness in both ears with some speech
- 17 Total deafness in both ears, unable to speak clearly

**Vision Impairments**

- 22 Tunnel vision or legal blindness
- 23 Inability to read ordinary size print, not correctable by glasses
- 24 Blind in one eye
- 25 Blind in both eyes

**Missing Extremities**

- 27 One hand
- 28 One arm
- 29 One foot
- 32 One leg
- 33 Both hands or arms
- 34 Both legs or feet
- 35 One hand or arm and one foot or leg
- 36 One hand
- 37 Both hands or arms and one foot or leg
- 38 Both hands or arms and both feet or legs

**Nonparalytic Orthopedic Impairments**

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability in movement or use.)

- 44 One or both hands
- 45 One or both feet
- 46 One or both arms
- 47 One or both legs
- 48 Hip or pelvis
- 49 Back
- 57 Movement loss of two or more parts of the body

**Partial Paralysis (due to brain, nerve, or muscle problem)**

- 61 One hand
- 62 One arm, any part
- 63 One leg, any part
- 64 Both hands
- 65 Both legs, any part
- 66 Both arms, any part
- 67 One side of body, including one arm and one leg
- 68 Three or more major parts of the body (arms and legs)

**Complete Paralysis**

- 70 One hand
- 71 Both hands
- 72 One arm
- 73 Both arms
- 74 One leg
- 75 Both legs
- 76 Lower half of body, including legs
- 77 One side of body, including one arm and one leg
- 78 Three or more major parts of the body (arms and legs)

**Other Impairments**

- 80 Heart disease with no restriction or limitation of activity
- 81 Heart disease with restrictive or limitation of activity
- 82 Convulsive disorder (epilepsy)
- 83 Blood disease (sickle cell disease, leukemia, hemophilia)
- 84 Diabetes
- 86 Pulmonary or respiratory disorders (tuberculosis, emphysema, asthma)
- 87 Kidney dysfunctioning (dialysis required)
- 88 Cancer (a history with complete recovery)
- 89 Cancer (undergoing surgical and/or medical treatment)
- 90 Mental retardation
- 91 Mental or emotional illness (with history of treatment)
- 92 Severe distortion of limbs and/or spine (dwarfism, severe distortion of back)
- 93 Disfigurement of face, hands, or feet (birth defects, burns, injury)
- 94 Learning disability (a disorder in one or more of the processes involved in understanding, perceiving or using language or concepts, spoken or written, i.e., dyslexia)

**Burden Estimate Statement  
(Pursuant to 5 CFR 1320.21)**

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this burden, to Agency Clearance Officer, Tennessee Valley Authority, 1101 Market Street, Chattanooga, TN 37402; and to the Office of Management and Budget, Paperwork Reduction Project (3316-0063), Washington, DC 20503.

**Privacy Act Statement**

Subsection (e) (3) of 5 U.S.C. §522a (Section 3 of the Privacy Act) requires that TVA inform you of its authority to request information and the uses which TVA may make of the information requested. That subsection further requires TVA to inform you of the effects of not providing any or all of the requested information.

TVA's authority to request the information you will provide is derived from the TVA Act (16 U.S.C. §§831-831ee), Executive Order No. 10450, the Atomic Energy Act of 1954, as amended, and a number of other statutes and Presidential Executive orders. Information provided on the form may be furnished to people, agencies, organizations, or institutions in order to obtain information regarding you in connection with an investigation to determine (1) fitness for TVA employment; (2) clearance to perform services for TVA under personal services, consultant, or other contracts; or (3) security clearance or clearance for access to TVA installations.

Furnishing the requested information is voluntary; however, failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

Information provided on this form is normally used only to determine fitness for employment or security clearance or clearance for access to TVA installations. Information obtained on this form may be furnished to third parties as authorized by law. For example, should a dispute arise or a congressional inquiry be made regarding TVA employment practices, the information may be made available outside of TVA in the course of that dispute or inquiry. Further, information on this form may be made available to law enforcement agencies in the exercise of their duties, or to a prospective employer or TVA contractor upon proper request.