# **Demographic Information**

#### YOUR PRIVACY IS PROTECTED

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to do so will not affect the status of your application.

This information is needed to evaluate hiring and recruitment efforts, as required by Federal law. This is vital information not available from any other source. We can only get it directly from you. Your voluntary responses are treated in a highly confidential manner. Responses are not released to the panel rating applications, to the selecting official, to anyone who can affect your application, or to the public. Your responses are stored as a tally for the group of all applicants for this vacancy in a manner that cannot be associated with any individual application. Information taken from this form is not placed in a Personnel file. Thank you for helping us to provide better service.

or helpin	g us to provide better service.
1. Eth	nicity:
Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.	
C No	ot Hispanic or Latino
2. Rad Check	ce: all that apply
1.	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 cultural identification through tribal affiliation or community recognition.
2.	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, or Vietnam.
3.	Black or African American. A person having origins in any of the black racial group of Africa.
4.	Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
5.	White. A person having origins in any of the original peoples of Europe, the Middle East or North America.
3. Se	c:
1.	M - Male
2.	F - Female

#### 4. Do you have a disability?

1. Yes

#### 5. If you selected "yes" above, do you have a targeted\* disability?

1. Yes

### 6. If you selected "yes" above, please identify your targeted disability.

- 1. 

  Blind
- 2. Deaf
- 3. □ Missing Extremity(s)
- 4. 

  Partial Paralysis
- 5. 

  Complete Paralysis
- 6. 

  Convulsive Disorder
- 7. 

  Mental Retardation
- 8. 
   Mental Iliness
- 9. 

  Genetic or physical condition affecting limbs or spine

## PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

The Paperwork Reduction Act of 1995 (44 U.S.C, 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. 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. The estimated burden of completing this form is 5 minutes per response, including the time for reviewing instructions. Direct any comments regarding the burden estimate or any other aspect of this form to Department of the Treasury, HR Connect Program Office, 1750 Pennsylvania Ave, 13<sup>th</sup> Floor, Washington, DC 20220 or to the Office of Management Budget, Office of Information and Regulatory Affairs, Desk Officer for the Department of the Treasury (OMB 1505-0195), Washington, DC 20503.

#### **PRIVACY ACT STATEMENT**

#### General:

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), for individuals completing Federal records or forms that solicit personal information.

#### Authority:

Section 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code.

#### **Purpose and Routine Uses:**

The purpose for collecting this information is to evaluate personnel/organizational measurement methods. Data summarizing all applicants for a position will be used to evaluate hiring and recruiting practices, in conformance with the requirements of federal law. Only summary data is reported, and only in a format which cannot be broken out by individual applicants. No individual data is ever provided to selecting officials. Only authorized human resources personnel from Bureaus using the Department of Treasury's CareerConnector automated recruiting system can access this data.

#### **Effects of Nondisclosure:**

<sup>\*</sup> The Equal Employment Opportunity Commission defines a targeted disability as: Deaf, Blind, Missing Extremities, Partial or Complete Paralysis, Convulsive Disorders, Mentally Retarded, Mental illness or Distortion of Limb or Spine.

# DRAFT REVISION 9/20/05

Providing this information is voluntary. No individual personnel selections are made based on this information.