

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION APPLICANT BACKGROUND SURVEY

General Instructions: The information from this survey is used to help ensure that our recruitment efforts are reaching all segments of the population, as required by Federal law. This is vital information not available from any other source – we can only get it directly from you. The information you provide will be used for statistical purposes only and will in no way affect your application or selection. None of the information you provide is released to anyone who can affect your application. Please answer each question to the best of your ability and either return the form with your application package or mail it in a separate envelope to the same address. Completion of this form is voluntary.

1. Vacancy Announcement No.: _____

2. Position Title: _____

3. Name (Last, First, MI): _____

4. How did you learn about this position? (Please check one.):

- | | |
|--|--|
| <input type="checkbox"/> 01. USAJobs Website | <input type="checkbox"/> 08. Professional Organization |
| <input type="checkbox"/> 02. NARA Website | <input type="checkbox"/> 09. NARA Human Resources Office
(bulletin board or other announcement) |
| <input type="checkbox"/> 03. Other Website or Listserv (Specify) _____ | <input type="checkbox"/> 10. Federal, State, or Local Employment Office/
Job Information Center |
| <input type="checkbox"/> 04. Newspaper or Other Print Publication Service | <input type="checkbox"/> 11. Private Employment Office/Information Service |
| <input type="checkbox"/> 05. Mailing to your organization or school | <input type="checkbox"/> 12. Word of Mouth |
| <input type="checkbox"/> 06. Job Fair or Recruitment Visit
to your organization or school | <input type="checkbox"/> 13. Other (Specify) _____ |
| <input type="checkbox"/> 07. School or college counselor or other official | |

5. Identify yourself in each category (Check the appropriate boxes.):

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race (Check one or more.):

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex:

- Male
 Female

6. Do you have a disability? Yes No

If yes, please check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> 01. Deaf | <input type="checkbox"/> 06. Convulsive Disorder |
| <input type="checkbox"/> 02. Blind | <input type="checkbox"/> 07. Mental Retardation |
| <input type="checkbox"/> 03. Missing Limb/Extremity | <input type="checkbox"/> 08. Mental Illness |
| <input type="checkbox"/> 04. Partial Paralysis | <input type="checkbox"/> 09. Distortion of Limb and/or Spine |
| <input type="checkbox"/> 05. Total Paralysis | <input type="checkbox"/> 10. My disability is not listed. |

SEE BACK OF THIS FORM FOR THE PRIVACY ACT STATEMENT,
PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

PRIVACY ACT STATEMENT

GENERAL: 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.

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

PURPOSE AND ROUTINE USES: The form will only be seen by National Archives and Records Administration Personnel and Equal Employment Opportunity officials. Data summarizing all applicants for a position will be used to determine if we are effectively recruiting from all portions of the country, 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. The form will be destroyed after the position is filled.

EFFECTS OF NONDISCLOSURE: Providing this information is voluntary. No individual personnel selections are made based on this information.

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 of 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 comments regarding the burden estimate or any other aspect of this form to the National Archives and Records Administration (NHP), 8601 Adelphi Rd., College Park, MD 20470-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**