

## **Applicant Background Survey**

The information requested below is needed to determine if our recruitment efforts are reaching all segments of the country, as required by Federal law. Providing this information is voluntary.

Your privacy is protected. The information you provide will only be seen by NASA Human Resources and Equal Employment Opportunity officials. Only summary data is reported, and only in a format that cannot be broken out by individual applicants. Your voluntary responses are considered confidential and treated accordingly. They are not released to the selecting official(s) or to anyone else who can affect your application. They are also not releasable to the public.

Select the most appropriate choice under each category. You may only select one from each category. Click the Clear Survey Answers button to reset this part of the form.

### **Ethnicity:**



Hispanic or Latino



Not Hispanic or Latino



Decline to Answer

### **Race:**



American Indian or Alaskan Native



Asian



Black or African American



White



Native Hawaiian or Pacific Islander



American Indian or Alaska Native and White



Asian and White



Black or African American and White



American Indian or Alaska Native and Black or African American



Other



Decline to Answer

### **Sex:**



Male



Female



Decline to Answer

**Disability:**

Do you have any disabilities?

**If you answer "Yes" to this question, please answer the next question about whether or not you have any "targeted disabilities."**



Yes



No



Decline to Answer

**Targeted Disability:**

The U.S. Equal Opportunity Commission targets certain disabilities for special recruitment. For more information on targeted disabilities, please [click here](#). [The Office of Personnel Management web site](#) also has information on Federal hiring policies pertaining to persons with disabilities.

**If you have answered "Yes" to the previous question, please select one or more of the following. Check all that apply.**



Deafness [Help with this answer](#).



Blindness [Help with this answer](#).



Missing Extremities [Help with this answer](#).



Partial Paralysis [Help with this answer](#).



Complete Paralysis [Help with this answer](#).



Convulsive Disorder [Help with this answer](#).



Mental or Emotional Illness [Help with this answer](#).



Severe Distortion of Limbs or Spine [Help with this answer](#).



My disability is not a Targeted Disability

(If you select this, do NOT select anything else on this list.)



I decline to identify my disability.

(If you select this, do NOT select anything else on this list.)