

NATIONAL SCIENCE FOUNDATION
APPLICANT SURVEY

OMB No. 3145-0096
Expiration: 07/31/20xx

Vacancy Ann. #: _____ Position Status (temporary/permanent): _____

Position Title/Series/Grade: _____

INSTRUCTIONS

Your completion of this form will be appreciated. Submission of this Information is voluntary and it will have no effect on the processing of your application. The data collected will be used only for statistical purposes to ensure that agency personnel practices meet the requirements of Federal law. Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a valid OMB control number. The OMB control number for this collection is 3145-0096. NSF estimates that each respondent should take about 3 minutes to complete this survey, including time to read the instructions. You may have comments regarding this burden estimate or any other aspect of this survey, including suggestions for reducing this burden. If so, please send them to NSF Reports Clearance Officer, NSF, Office of the General Counsel, Room 1265, 4201 Wilson Blvd., Arlington, VA. 22230.

PRIVACY ACT INFORMATION

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.
AUTHORITY - Section 7201 of title 5 of the U.S. Code and Section 2000e-16 of title 42 of the U.S. Code.

PURPOSE AND ROUTINE USES

The information is used for research and for a Federal Equal Opportunity Recruitment Program (FEORP) to help insure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Privacy Act Officer, National Science Foundation, Arlington, VA 22230.

1. Today's Date: _____

2. Year of Birth: _____

3. How did you learn about this particular position for which you are applying? Check all that apply:

- | | |
|---|--|
| 01 - <input type="checkbox"/> Friend or relative working at the National Science Foundation | 08 - <input type="checkbox"/> Higher Education Recruitment Consortium (HERC) |
| 02 - <input type="checkbox"/> While serving on a National Science Foundation panel | 09 - <input type="checkbox"/> LinkedIn |
| 03 - <input type="checkbox"/> Career or Job Fair
If "yes" please specify: _____ | 10 - <input type="checkbox"/> Twitter |
| 04 - <input type="checkbox"/> "NSF Updates" or other NSF subscriber service
If "yes" please specify: _____ | 11 - <input type="checkbox"/> Facebook |
| 05 - <input type="checkbox"/> Office of Personnel Management's USAJOBS | 12 - <input type="checkbox"/> YouTube |
| 06 - <input type="checkbox"/> NSF Careers Website | 13 - <input type="checkbox"/> Online Search Engine |
| 07 - <input type="checkbox"/> Newspaper, professional journal or magazine
If "yes" please specify: _____ | 14 - <input type="checkbox"/> Other
If yes please specify: _____ |

4. Which of the following describes your ethnicity? Please select only one:

- A. **Hispanic or Latina/o.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- B. **Not Hispanic or Latina/o.**

5. Which of the following describes your race? Please select one or more:

- A. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- B. **Asian.** 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.
- C. **Black or African American.** A person having origins in any of the black racial groups of Africa.
- D. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- E. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

6. Sex (check the appropriate box.) F - Female M - Male

FOR AGENCY USE
Agency Code: _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
NSF Form 1232 (xx/2014) _____

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7. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

A. Do you have any of the following? Check all boxes that apply to you:

- | | |
|---|--|
| 01 - <input type="checkbox"/> Deaf or serious difficulty hearing | 09 - <input type="checkbox"/> Developmental Disability: for example, cerebral palsy or autism spectrum disorder |
| 02 - <input type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses | 10 - <input type="checkbox"/> Traumatic Brain Injury |
| 03 - <input type="checkbox"/> Missing an arm, leg, hand, or foot | 11 - <input type="checkbox"/> Dwarfism |
| 04 - <input type="checkbox"/> Paralysis: Partial or complete paralysis (any cause) | 12 - <input type="checkbox"/> Epilepsy or other seizure disorder |
| 05 - <input type="checkbox"/> Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders | 13 - <input type="checkbox"/> Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment |
| 06 - <input type="checkbox"/> Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk | |
| 07 - <input type="checkbox"/> Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression | |
| 08 - <input type="checkbox"/> Intellectual Disability (formerly described as mental retardation) | |

If you did not select one of the options above, please indicate whether.

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

If you have indicated that you have one of the above conditions, you may be eligible to apply under Schedule A Hiring Authority. For more information, please see <http://www.opm.gov/policy-data-oversight/disability-employment/hiring/>.

If applicant checks the box #13 for "other disability or serious health condition," the applicant will be taken to Section A.1.

Section A.1: Other Disability or Serious Health Condition (Optional). You indicated that you have a disability or a serious health condition in box #13. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- | | |
|---|---|
| 01 - <input type="checkbox"/> I do not wish to specify any condition. | 17 - <input type="checkbox"/> Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis |
| 02 - <input type="checkbox"/> Alcoholism | 18 - <input type="checkbox"/> Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body |
| 03 - <input type="checkbox"/> Cancer | 19 - <input type="checkbox"/> Orthopedic impairments or osteo-arthritis |
| 04 - <input type="checkbox"/> Cardiovascular or heart disease | 20 - <input type="checkbox"/> Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB |
| 05 - <input type="checkbox"/> Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment | 21 - <input type="checkbox"/> Sickle cell anemia, hemophilia, or other blood disease |
| 06 - <input type="checkbox"/> Depression, anxiety disorder, or other psychological disorder | 22 - <input type="checkbox"/> Speech impairment |
| 07 - <input type="checkbox"/> Diabetes or other metabolic disease | 23 - <input type="checkbox"/> Spinal abnormalities: for example, spina bifida or scoliosis |
| 08 - <input type="checkbox"/> Difficulty seeing even when wearing glasses | 24 - <input type="checkbox"/> Thyroid dysfunction or other endocrine disorder |
| 09 - <input type="checkbox"/> Hearing impairment | 25 - <input type="checkbox"/> Other. Please identify the disability/health condition, if willing: _____ |
| 10 - <input type="checkbox"/> History of drug addiction (but not currently using illegal drugs) | |
| 11 - <input type="checkbox"/> HIV Infection/AIDS or other immune disorder | |
| 12 - <input type="checkbox"/> Kidney dysfunction: for example, requires dialysis | |
| 13 - <input type="checkbox"/> Learning disabilities or ADHD | |
| 14 - <input type="checkbox"/> Liver disease: for example, hepatitis or cirrhosis | |
| 15 - <input type="checkbox"/> Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder | |
| 16 - <input type="checkbox"/> Morbid obesity | |

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