

[Changes to the OE Background Questionnaire]

Background Information

Occupation Expert for: <Insert Occupation Title>

The goal of this project is to get accurate, up-to-date information on the occupation of <insert occupation title> from a diverse and representative set of experts in the field. Your answers to these questions will help us achieve this goal. Therefore, it is very important that you give accurate answers to these questions. Thank you for your assistance.

Please read each question carefully and mark your answer by putting an X in the box beside your answer or by writing an answer on the line provided. Please answer the following questions for the occupation of <insert occupation title>.

1. What is the title of your most recent job in this occupation? (Please print)

2. In your most recent job in this occupation, were you employed part-time or full-time? (Mark one box)

Part-time

Full-time

3. In your most recent job in this occupation, were you employed by (Mark one box)

Government

Private for-profit company

Non-profit organization, including tax-exempt and charitable organizations

Academic institution

Self-employed

Other (Please print) _____

4. How much combined experience do you have performing work in this occupation, supervising workers in this occupation, and/or conducting training or teaching educational courses related to performing the work in this occupation? (Mark one box)

- Ten years or more
- At least 5 years, but less than 10 years
- At least 3 years, but less than 5 years
- At least 1 year, but less than 3 years
- Less than 1 year
- Never worked in this occupation in any capacity.

5. How much experience do you have performing work in this occupation? (Mark one box)

- Ten years or more
- At least 5 years, but less than 10 years
- At least 3 years, but less than 5 years
- At least 1 year, but less than 3 years
- Less than 1 year
- Never performed work in the occupation

6. When were you last employed in this occupation? (Mark one box)

- Currently employed in this occupation
- Within the last 6 months
- At least 6 months ago, but less than 1 year
- One year or more ago
- Never employed in this occupation

7. **How much experience do you have supervising workers in this occupation?**
(Mark one box)

- Ten years or more
- At least 5 years, but less than 10 years
- At least 3 years, but less than 5 years
- At least 1 year, but less than 3 years
- Less than 1 year
- Never supervised workers in this occupation

8. **When were you last a supervisor of workers in this occupation?**
(Mark one box)

- Currently a supervisor of workers in this occupation
- Within the last 6 months
- At least 6 months ago, but less than 1 year
- One year or more ago
- Never supervised workers in this occupation

9. **How much experience do you have conducting training or teaching educational courses related to performing this occupation?** (Mark one box)

- Ten years or more
- At least 5 years, but less than 10 years
- At least 3 years, but less than 5 years
- At least 1 year, but less than 3 years
- Less than 1 year
- Never served as a trainer/teacher for workers in this occupation

10. When were you last conducting training or teaching educational courses related to performing this occupation? (Mark one box)

- Currently employed as a trainer/teacher of workers in this occupation
- Within the last six months
- At least 6 months ago, but less than 1 year
- One year or more ago
- Never served as a trainer/teacher of workers in this occupation

11. Are you male or female? (Mark one box)

- Male
- Female

12. In what year were you born? **19** ____

13. Are you Hispanic or Latino? (Mark one box)

- Yes
- No

14. What is your race? (Mark one or more boxes)

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

15. Do you have any of the following long-lasting conditions?

Yes No

a. Blindness, deafness, or a severe vision or hearing impairment?

b. A condition that essentially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

16. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities?

Yes No

a. Learning, remembering, or concentrating?

b. Dressing, bathing, or getting around inside the home?

c. Going outside the home alone to shop or visit a doctor's office?

d. Working at a job or business?

1517. Indicate the highest level of education that you have completed
(Mark one box)

- Less than a High School Diploma**
- High School Diploma – or the equivalent (for example, GED) ~~(or GED or High School Equivalence Certificate)~~**
- Post-Secondary Certificate** – awarded for training completed after high school (for example, in agricultural or natural resources, computer services, personal or culinary services, engineering technologies, healthcare, construction trades, mechanic and repair technologies, or precision production) ~~in Personnel Services, Engineering-related Technologies, Vocational Home Economics, Construction Trades, Mechanics and Repairers, Precision Production Trades)~~
- Some College Courses**
- Associate’s Degree** (or other 2-year degree)
- Bachelor’s Degree**
- Post-Baccalaureate Certificate** – awarded for completion of an organized program of study; designed for people who have completed a Baccalaureate degree but do not meet the requirements of academic degrees carrying the title of Master
- Master’s Degree**
- Post-Master’s Certificate** – awarded for completion of an organized program of study; designed for people who have completed a Master’s degree but do not meet the requirements of academic degrees at the doctoral level
- First Professional Degree** – awarded for completion of a program that
- requires at least 2 years of college work before entrance into the program
 - includes a total of at least 6 academic years of work to complete, and
 - provides all remaining academic requirements to begin practice in a profession
- Doctoral Degree**
- Post-Doctoral Training**

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| <u>16. Are you deaf or do you have serious difficulty hearing?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>17. Are you blind or do you have serious difficulty seeing even when wearing glasses?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>18a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>b. Do you have serious difficulty walking or climbing stairs?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>c. Do you have difficulty dressing or bathing?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>19. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Professional Certifications

1. Please write the names of job-related professional certifications that you have earned:

a. _____

b. _____

c. _____

d. _____

e. _____

Your Apprenticeship Certificates

2. Please write the names of job-related apprenticeship programs that you have completed:

a. _____

b. _____

c. _____

d. _____

e. _____

Your Association Memberships

Finally, we would like to know about the professional associations to which you belong.

1. Are you currently a member of the following job-related association(s)? ~~(Please respond for each association listed.) one or more professional associations? (Please respond for each association listed; if none are listed below, please skip to Question 2.)~~

<association name>

Yes No

<association name>

Yes No

2. Please print the names of any other job-related associations to which you belong:

a. _____

b. _____

c. _____