



ADDITIONAL APPLICANT INFORMATION

Last name

First name

Social Security Number
(Last four digits)

YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the selecting official or to anyone else who can affect your application. This form will not be placed in your Personnel File nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completing this form in part or in its entirety is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

1. Recruiting Sources – How did you hear about Census Bureau job opportunities? *Mark (X) for one box only.*

- | | |
|---|--|
| <input type="checkbox"/> National or Community organization – <i>Specify</i> _____ | <input type="checkbox"/> Friend or relative not working for Census |
| <input type="checkbox"/> Federal, state, tribal government agency | <input type="checkbox"/> Brochure/poster/flyer |
| <input type="checkbox"/> Employment office/job service and information center | <input type="checkbox"/> Job fair |
| <input type="checkbox"/> Census recruiter | <input type="checkbox"/> Newspaper-advertisement |
| <input type="checkbox"/> Census jobs website | <input type="checkbox"/> Newspaper-article |
| <input type="checkbox"/> Internet advertisement | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Social media | <input type="checkbox"/> School or college |
| <input type="checkbox"/> Toll-free Census phone number/jobs line | <input type="checkbox"/> TV advertisement or news |
| <input type="checkbox"/> Census job mailing/postcard | <input type="checkbox"/> Other – <i>Specify</i> _____ |
| <input type="checkbox"/> Friend or relative working for Census | |

2. Ethnicity – *Mark (X) for one box only.*

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

3. Race – *Mark (X) all that apply.*

- 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 tribal affiliation or community attachment.
- 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, or Vietnam.
- Black or African American** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

4. Education (Mark (X) in highest education level):

- | | |
|--|---|
| <input type="checkbox"/> No high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Some high school – Did not graduate | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Technical degree/Trade school degree or certificate | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> Some College – Did not graduate | |

5. 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.

Do you have any of the following? (Mark (X) all boxes that apply to you):

- | | |
|--|--|
| <input type="checkbox"/> Deaf or serious difficulty hearing | <input type="checkbox"/> Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression |
| <input type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses | <input type="checkbox"/> Intellectual Disability (formerly described as mental retardation) |
| <input type="checkbox"/> Missing an arm, leg, hand, or foot | <input type="checkbox"/> Developmental Disability: for example, cerebral palsy or autism spectrum disorder |
| <input type="checkbox"/> Paralysis: Partial or complete paralysis (any cause) | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders | <input type="checkbox"/> Dwarfism |
| <input type="checkbox"/> Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker, leg brace(s) and/or other supports | <input type="checkbox"/> Epilepsy or other seizure disorder |
| | |
| <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 – <i>Indicate disability or serious health condition below</i> ↴ | |

Other Disability or Serious Health Condition (Optional) – Please mark all that apply.

You indicated that you have a disability or a serious health condition. 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 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.

- | | |
|--|--|
| <input type="checkbox"/> I do not wish to specify any condition | <input type="checkbox"/> Morbid obesity |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis |
| <input type="checkbox"/> Cancer | <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 |
| <input type="checkbox"/> Cardiovascular or heart disease | <input type="checkbox"/> Orthopedic impairments or osteo-arthritis |
| <input type="checkbox"/> Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment | <input type="checkbox"/> Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB |
| <input type="checkbox"/> Depression, anxiety disorder, or other psychological disorder | <input type="checkbox"/> Sickle cell anemia, hemophilia, or other blood disease |
| <input type="checkbox"/> Diabetes or other metabolic disease | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Difficulty seeing even when wearing glasses | <input type="checkbox"/> Spinal abnormalities: for example, spina bifida or scoliosis |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Thyroid dysfunction or other endocrine disorder |
| <input type="checkbox"/> History of drug addiction (but not currently using illegal drugs) | <input type="checkbox"/> Other. <i>Please identify the disability/serious health condition, if willing:</i> |
| <input type="checkbox"/> HIV Infection/AIDS or other immune disorder | _____ |
| <input type="checkbox"/> Kidney dysfunction: for example, requires dialysis | _____ |
| <input type="checkbox"/> Learning disabilities or ADHD | |
| <input type="checkbox"/> Liver disease: for example, hepatitis or cirrhosis | |
| <input type="checkbox"/> Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder | |

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

- | |
|--|
| <input type="checkbox"/> I do not wish to identify my disability or serious health condition. |
| <input type="checkbox"/> I do not have a disability or serious health condition. |
| <input type="checkbox"/> I have a disability or serious health condition, but it is not listed on this form. |

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: The collection of your personal information is authorized under 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, and by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities.

Personally identifiable information collected includes your education, race, ethnicity, disability, and medical information. Data relating to an individual applicant are not provided to selecting officials.

The information provided to us may be shared with Census Bureau staff for the work-related purposes identified in this statement as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a). The aggregate, nonidentifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population and as per the Privacy Act System of Record Notice OPM/GOVT-7, Applicant Race, Sex, National Origin, and Disability Status Records.

Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: 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 five (5) minutes, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to Paperwork Reduction Project 0607-0139, U.S. Census Bureau, 4600 Silver Hill Road, Field Division-Correspondence Liaison, 5th floor, Washington, DC 20233-1500 or you may e-mail comments to FLD.Decennial.Oversight@census.gov; use "Paperwork Reduction Project 0607-0139" as the subject and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.

The eight digit OMB number on the first page of this form confirms our authority to collect this information.