

Electronic BC-170 & BC-171 Mock-Ups

Note about this document:

This document contains mock-ups of what the Census Job Portal could look like when electronic BC-170 and the BC-171 is programmed. It does not contain actual screen shots from a system that is being programmed. The Portal will collect the information from the BC-170 and BC-171 electronically. The Portal could have a different look and feel than the mock-ups. For example, items that use radio buttons in this mock-up may eventually be programmed using check boxes, placement of text could change, the logo used could change, etc.. The questions in the electronic version of the BC-170 and BC-171 will also be presented in a slightly different order than they are presented on the paper version of the form. However, the same data will be collected on both forms.

Also note, some items in the mock-ups appear to be filled in. This is for illustration purposes only.

The pages 2 to 7 of this mock-up are not part of the BC-170 or BC-171. They are lead in screens where the applicant will login and certify that they will use an electronic signature.

Screen #1 – Applicant Portal

Create a Profile | Log In

On the Census Team, every one counts.

As a valued member of the Census Team, you will be responsible for contributing to the fabric of our nation –
where every one counts.

For more information about 2020 Census jobs, please go to 2020census.gov/jobs. To apply for jobs within the United States Census Bureau, please choose from the following:

First-time Applicants Register Here

Returning Applicants Login Here

*If you have already created a profile, you are considered a Returning User.
If you did not receive a verification e-mail, please [click here](#)

Additional Information

FAQs/Census Help

Screen #2 – Profile

Create a Profile

All fields marked * are required.

- Passwords cannot have leading or trailing spaces
- Passwords cannot be the same as email
- Passwords must contain both upper and lower case letters
- Passwords must contain alpha and numeric characters
- Passwords cannot have three or more consecutive same characters
- Passwords must contain at least one special character
- Passwords must be 12 - 20 characters

* First Name

* Last Name

* Email

* Confirm Email

Phone

* Password

* Confirm password

By creating a profile you agree to our [Terms of Service](#)

[<< Back](#)

Screen #3 – Returning User Login

Sign In

Email

Password

[Sign In](#)

Forgot password?
Forgot your username? [Click here](#)
Don't have a profile? [Create a new Profile](#)

By signing in or creating a profile you agree to our [Terms of Service](#)

[<< Back](#)

Screen #4 – Zip Code

Please enter your zip code

Complete Registration

Screen #5 – Applicant Portal

Welcome to the Census Applicant Portal
Thank you for your interest in working with us!

Not Yet Started

My Application

Census Help

FAQS

Apply

Download Completed Forms

Status Bar

17.04.1228.1830
built: 1/3/2018 3:15 PM | server: LAX-STG-UCW002 | culture: en-US | ApplicantId: 0
corpname: census-ite | userid: 5354 | email: obrien630+210@gmail.com | userref: obrien630+210@gmail.com | username: obrien630+210@gmail.com | firstname: John | lastname: Doe | phone: 3105555555
[Test Page](#)

Screen #6 – Electronic Disclosure

Please read the information carefully and electronically sign at the bottom of the page.

By entering information in the screens included in this Census Application process, I state that the information provided in this and accompanying documentation is true and complete. I also understand that any false or misleading information or significant omissions may disqualify me from employment with the Federal Government of the United States, and is grounds for my immediate dismissal if discovered at a later date.

By using this website, I agree to use an electronic signature in lieu of a paper-based signature. I understand that electronic signatures, just like the paper signatures, are legally binding in the United States and in other countries. I further agree not to electronically sign any form without first reading it and ensuring that I have accurately filled out the form to the best of my knowledge, thus demonstrating that I am able to access the electronic information contained therein.

[Privacy Act and Burden Statement](#)

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

- I acknowledge that I have read and understand the statement above.
- I choose to opt out of the electronic Census Application process and will use the manual process instead.

PLEASE NOTE THAT IF YOU CHOOSE TO USE THE MANUAL PROCESS, THE APPLICATION PROCESS WILL TAKE LONGER TO PROCESS THAN IF YOU APPLY ONLINE

Opt Out of Electronic Application

Accept and E-sign

Screen #6 – Electronic Disclosure

Please read the information carefully and electronically sign at the end of this screen.

By entering information in the screens included in this Census Application and complete. I also understand that any false or misleading information provided is grounds for my immediate dismissal if discovered by the United States, and is grounds for my immediate dismissal if discovered by the United States, and is grounds for my immediate dismissal if discovered by the United States.

By using this website, I agree to use an electronic signature in lieu of a handwritten signature, which is legally binding in the United States and in other countries. I further agree that I have filled out the form to the best of my knowledge, thus demonstrating that I understand the information provided.

Privacy Act and Burden Statement

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I acknowledge that I have read and understand the statement above and I agree to the terms and conditions of the statement above.

I choose to opt out of the electronic Census Application process and I will use the manual process.

PLEASE NOTE THAT IF YOU CHOOSE TO USE THE MANUAL PROCESS, YOU WILL BE REQUIRED TO COMPLETE THE APPLICATION IN PERSON AT A CENSUS BUREAU OFFICE.

Opt Out of Electronic Application

Applicants will be directed to the Census Bureau EEO Policy Page Applicants when they click on “Click here to learn more”

https://www.census.gov/eo/policy_statements/

Applicants receive the following pop-up message when they click on “Privacy Act and Burden Statement”

Solicitation of your personal information is authorized by Title 13 U.S.C., Chapter 1, Subchapter II, Section 23a and c; Title 5 U.S.C., Part II, Chapter 13; Title 5 U.S.C., Part III, Chapter 33, Subchapter 1, Section 1 and 20; and Executive Orders 9397, 10566.

The purpose of collecting this information is primarily to determine your qualifications for employment and may also be used to identify you to other sources asked to comment on your qualifications, e.g. educational institutions, former employers, and enforcement agencies, or to a court during legal proceedings. Personal information collected includes your Social Security Number (SSN), name, address, date of birth, telephone number, etc.

Disclosure of the information provided to us may be shared with other 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). Disclosure of this information is also subject to the published routine uses as identified in the Privacy Act System of Record Notice OPM/GOVT-5, Recruiting, Examining, and Placement Records.

Furnishing this information is voluntary, but failure to provide any part or all of the data requested will result in you receiving no further consideration for employment. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0139, Field Division Correspondence Liaison, U.S. Census Bureau, 4600 Silver Hill Road, 5th Floor, Washington, DC 20233-1500. You may E-mail comments to FLD.Decennial.Oversight@census.gov; use "Paperwork Reduction Project 0607-0139" as the subject.

OMB No. XXXX-XXXX confirms our authority to collect this information.

The U.S Census Bureau is an Equal Opportunity Employer. [Click here to learn more](#)

Screen #7 – Electronic Disclosure (Pop-up)

Please read the information carefully and electronically sign at the bottom of the page.

By entering information in the screens included in this Census Application process, I state that the information provided in this and accompanying documentation is true and complete. I also understand that any false or misleading information or significant omissions may disqualify me from employment with the Federal Government of the United States, and is grounds for my immediate dismissal if discovered at a later date.

By using this website, I agree to use an electronic signature that is legally binding in the United States and in other countries. I have filled out the form to the best of my knowledge, thus demonstrating my understanding of the information provided and ensuring that I have accurately stated the information contained therein.

Privacy Act and Burden Statement

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I acknowledge that I have read and understand the statement above and I agree to use an electronic signature.

I choose to opt out of the electronic Census Application process and use the manual process instead.

PLEASE NOTE THAT IF YOU CHOOSE TO USE THE MANUAL PROCESS, IT WILL TAKE LONGER TO PROCESS THAN IF YOU APPLY ONLINE

Applicants receive the following pop-up message when they choose to opt out of the electronic Census Application process:

Applying online is the fastest way to be considered for a Census job. The manual process could delay your application from being considered for several days to a week or more. You can request a paper job application by calling 1-855-562-2020. Choose the option for "other calls". Enter your Zip code to be routed to the local office in your area.

Note: Pop-up appears when the “I choose to opt out of the electronic Census Application and will use the manual process instead” button is selected

Screen #8 – Applicant Portal: Application Instructions

How do I complete the Online Job Application(U.S. Census Employment Application)?

You will see the  symbol on some items. Click on the icon for detailed instructions or information about completing the item.

As you complete the application, you may receive pop-up messages pointing out potential errors, giving warnings or providing you with additional information about your entry. Please read and follow instructions noted within the pop-up messages.

Depending on your answers to certain application questions, you may be asked to upload documentation to support those answers. To upload your document, please select the Browse button and select the appropriate file. The file name will appear in the field.

You will be asked to confirm/certify your entries on the job application once it is complete. In addition, you must also complete a set of assessment questions and submit your answers before your application will be submitted.

All Applicants Will Be Required to Answer Assessment Questions. What are the Assessment Questions Like?

The assessment questions are designed to indicate your fit for a variety of Census jobs. By submitting one application and answering a basic set of assessment questions, you may be considered for several positions. The assessment is physically accessible to people with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please click the link below for further instructions.

The assessment is physically accessible to people with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please click the link below for further instructions.

[Instructions for Reasonable Accommodations](#) 

The decision of granting reasonable accommodations will be made on a case-by-case basis.

Screen #9 – Applicant Portal: Application Instructions (Pop-up)

How do I complete the Online Job Application(U.S. Census Employment Application)?

You will see the  symbol on some items. Click on the icon for detailed instructions or information about completing the item.

As you complete the application, you may receive pop-up messages pointing out potential errors, giving warnings or providing you with additional information about your entry. Please read and follow instructions noted within the pop-up messages.

Depending on your answers to certain application questions, you may be asked to upload documentation to support those answers. To upload your document, please select the Browse button and select the appropriate file. The file name will appear in the field.

You will be asked to confirm/certify your entries on the job application once it is complete. In addition, you must also complete a set of assessment questions and submit your answers before your application will be submitted.

All Applicants Will Be Required to Answer Assessment Questions. What are the Assessment Questions Like?

The assessment questions are designed to indicate your fit for a variety of positions. As you answer the assessment questions, you may be considered for several positions. The assessment questions are designed to be accessible for any part of the application and hiring process, including a request for a reasonable accommodation.

*Applicants receive the following pop-up message when they click on the **Instructions for Reasonable Accommodations** link:*

Please call 1-855-562-2020 and choose the option for other calls. Enter your Zip code to be connected to the local office that supports your area. You may also use the Federal Relay Service: (800) 877-8339 TTY/ASCII. For more information go to [www.gsa.gov /fedrelay](http://www.gsa.gov/fedrelay)

ing a basic set of assessment questions. If you need a reasonable accommodation for any part of the application and hiring process, please click the link below for further instructions.

The assessment is physically accessible to people with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please click the link below for further instructions.

[Instructions for Reasonable Accommodations !\[\]\(0d5ec72f61334709c3fc9450209b754f_img.jpg\)](#)

The decision of granting reasonable accommodations will be made on a case-by-case basis.

Note: Pop-up appears when user clicks “Instructions for Reasonable Accommodations”

Screen #10 – First Personal Information (Stateside)

Applicants receive the following pop-up message when **Social Security Number** field is changed after initial application submission:

This change requires administrative review. You will not be able to make more changes until this update has been reviewed. You will receive an email once the review is finished.


Applicants receive the following pop-up message when the **First Name** or **Last Name** field is changed after initial application submission:

This change requires administrative review. You will not be able to make more changes until this update has been reviewed. You will receive an email once the review is finished.


Status Bar

Social Security Number *

Confirm Social Security Number *

Upload documentation in support of changing Social Security Number 

LEGAL NAME

First Name *  Last Name * Middle Initial Suffix

Home Address
Please do NOT enter a PO Box or other non-physical address. Hiring may be partly based on where you live. E-911 addresses, street addresses and RFD numbers are acceptable (include apartment number, if any).

Address*

Address Continued

Address Continued

Zip Code*

City*

County, Parish, Borough, or Municipio (Puerto Rico)*

State*

Help Desk Number: 1-855-562-2020

Note: Only appears after initial entry and if applicant changes Social Security Number

Screen #11 – First Personal Information (Puerto Rico)

Social Security Number * Status Bar

Confirm Social Security Number *

Upload documentation in support of changing Social Security Number Browse...

LEGAL NAME

First Name * Last Name * Middle Initial Suffix

Home Address
Please do NOT enter a PO Box or other non-physical address. Hiring may be partly based on where you live. E-911 addresses, street addresses and RFD numbers are acceptable (include apartment number, if any).

Address*

Address Continued

Address Continued

Zip Code*

City*

County, Parish, Borough, or Municipio (Puerto Rico)*

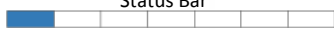
State*

Select a state

Help Desk Number: 1-855-562-2020

Only appears after initial entry and if applicant changes Social Security Number

Screen #12 – First Personal Information (Continued)

Status Bar 

MAILING ADDRESS (if different from home)

Mailing Address

Address*

Address Continued

Address Continued

Zip Code*

City*

County, Parish, Borough or Municipio (Puerto Rico)*

State*

Nearest cross streets to your home address

Nearest Cross Street A **Nearest Cross Street B**

Email Address *

PHONE INFORMATION

Primary * <input type="text"/>	<input type="checkbox"/>	Mark if Mobile Phone	<input type="checkbox"/>	Do we have permission to text you on your mobile phone?* <input type="checkbox"/> Yes - *Standard data fees and text messaging rates may apply based on your plan with your mobile phone carrier. <input type="checkbox"/> No
Secondary <input type="text"/>	<input type="checkbox"/>	Mark only one box to receive text messages	<input type="checkbox"/>	
Other <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Note: Drop-down appears when “MAILING ADDRESS (if different from home)” box is checked.

Help Desk Number: 1-855-562-2020

Screen #13 – First Personal Information (Continued) (Pop-up)

MAILING ADDRESS (if different from home) []

Nearest cross streets to your home

Nearest Cross Street A

Email Address *

mikes627+200@gmail.com

PHONE INFORMATION

	Mark if Mobile Phone	Mark only one box to receive text messages
Primary *	<input type="checkbox"/>	<input type="checkbox"/>
Secondary	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Do we have permission to text you on your mobile phone?*

Yes - *Standard data fees and text messaging rates may apply based on your plan with your mobile phone carrier.

No

Status Bar

Next Save & Exit

Help Desk Number: 1-855-562-2020

Applicants receive the following pop-up message when **Yes** is selected:

The Application Portal provides documents, instructions and statuses throughout the entire process of Census employment, beginning with the application and assessments. Users will receive an e-mail and/or text message instructing them to log into the Applicant Portal whenever there is a status update or new documents to complete. Users **MUST** complete documents in the Applicant Portal to move forward in the employment process.

Applicants receive the following pop-up message if the applicant selects **Save & Exit**:

Your application package is not complete. Please return at a later time to complete remaining portion(s) of application.

Screen #14 – Second Personal Information

Note: Pop-up appears when “No” is selected

Applicants receive the following popup message if they select **No** for this question:
You must be a United States citizen to be hired for a Census job.

Sex *
 Male Female

Date of Birth *
01/01/1950

Confirm Date of Birth *
01/01/1950

PLACE OF BIRTH

City *
Providence

State *
Rhode Island

Country *
United States

CITIZENSHIP

Are you a citizen or national of the United States? *
 Yes No

Provide country of citizenship *
Select a country

Are you a lawful permanent resident of the United States? *
 Yes No

Specify Alien Registration/USCIS No. * ⓘ
[Text Field]

Confirm Alien Registration/USCIS No. *
[Text Field]

and you want to be employed by the Federal Government, you must be registered with the

Note: To find your Selective Service Number, please visit the Selective Service website: <https://www.sss.gov>. If you are not registered, you may upload documentation to support an exemption or provide an explanation. If you are unable to upload a document and would like to submit a paper copy of your supporting documentation, please call 1-855-562-2020 and select the option for all other calls. Enter your zip code to be connected to a representative in your local office.

I certify that I am registered

I certify that I am not registered

Selective Service Number *
[Text Field]

Provide Explanation *
[Text Field]

Attach Selective Service Supporting Documentation
[Browse...]

Help Desk Number: 1-855-562-2020

Next Save & Exit

Screen #15 – Veteran’s Preference

Applicants receive the following pop-up message when **Veteran’s Preference** is changed after initial application submission: This change requires administrative review. You will not be able to make more changes until this update has been reviewed. You will receive an email once the review is finished.

Do you claim veteran's preference? Select one that applies. *

No preference Yes

Status Bar

Note: For more information and/or to determine if you are eligible for Veteran's Preference, please visit <http://www.fedshirevets.gov/job/vetpref/index.aspx>.

Note: You must provide acceptable documentation of your preference or appointment eligibility. Acceptable documentation includes:

- A copy of your DD-214, "Certificate of Release or Discharge from Active Duty," which shows dates of service and discharge under honorable conditions.
- A "certification" that is a written document from the Armed Forces that certifies the service member is expected to be discharged or released from active duty service in the Armed Forces under honorable conditions no later than 120 days after the date the certification was signed.
- A letter from the Department of Veterans Affairs reflecting your level of disability for preference eligibility.
- If you claim 10-point preference or sole survivorship, you must complete a Standard Form 15 (SF-15), which is available online or at any Federal Job Information Center. Submit a completed SF-15 and include the applicable documentation required (listed on page 2 of the SF-15).

Veterans preference categories? Select one that applies. *

Veteran's Preference Points will only be added following validation of documentation by Census Bureau staff.

- 5-point. *Veteran is entitled to 5-point preference. (TP)*
- 10-point/Disability. *Veteran is entitled to 10-point preference due to a service-connected disability (includes recipient of the Purple Heart who is not rated as having a compensable disability of 10 percent or more). (XP)*
- 10-point/Compensable. *A veteran who served at any time and who has a compensable service- connected disability rating of at least 10 percent but less than 30 percent. (CP)*
- 10-point/Other. *Persons entitled to 10-point preference in this category: (1) Both the spouse and mother of veteran occupationally disabled because of a service-connected disability; and (2) the widow/widower and mother of a deceased wartime veteran. (XP)*
- 10-point/Compensable/30 Percent. *Veteran is entitled to 10-point preference due to a compensable service-connected disability of 30 percent or more (CPS)*
- Sole Survivorship Preference Eligible. *No points awarded. A service member who is released or discharged from the Armed Forces after August 29, 2008, at the request of the member who is the only surviving child in a family in which the father or mother or one or more siblings (1) served in the Armed Forces; (2) was killed, died as a result of wounds, accident, or disease, is in a captured or missing in action status, or is permanently 100 percent disabled or hospitalized on a continuing basis (and is not employed gainfully because of the disability or hospitalization); and (3) death, status, or disability did not result from the intentional misconduct or willful neglect of the parent or sibling and was not incurred during a period of unauthorized absence. (SSP)*

Note: You may submit your application prior to providing the necessary Veteran's preference supporting documentation. If you need to submit paper copies of your documentation for Veteran's preference, please call 1-855-562-2020 and select the option for all other calls. Enter your zip code to speak with a representative in your local office. Please note that you will not receive additional points until we verify your provided documentation.

Attach SF-15 ?

Attach SF15 Supporting Documentation ?

Attach Additional Supporting Documentation ?

Next Save & Exit

Help Desk Number: 1-855-562-2020

Screen #16 – Government Employment History

Status Bar

Government Employment History

Have you ever worked for the Census Bureau? *


Yes
Indicate most recent title and dates of employment.

Most Recent Title *

Current Census Bureau Employee

Start Month * **Start Year *** **TO** **End Month *** **End Year ***

No

Are you currently employed by a Federal government agency? * 

Yes

Title *

Agency *

Hire date

Start Month * **Start Year ***

No

Are you currently employed by a state, local, or tribal government agency? *

Yes

Title *

Agency *

No

Are you currently an elected official for any government agency? *

Yes

Title *

Agency *

No

Help Desk Number: 1-855-562-2020

Screen #17 – Government Employment History (Continued)

Are you currently employed by a law enforcement agency? *

Yes
Title *

Agency *

 No

Are you a retiree receiving a Federal annuity? * Status Bar
*If you are an annuitant, your salary or annuity may be reduced upon employment. Social Security payments are **NOT** considered a Federal annuity.*

Yes
Agency *

Additional Information *

 No

Have you worked for the Federal government or military and received a Voluntary Separation Incentive Payment (VSIP) or "Buyout" within the past 5 years? *

The majority of individuals who accept reemployment with the Federal government within 5 years of receiving the VSIP/buyout amount must repay the gross amount of the separation pay prior to reemployment.

- I have NOT received a VSIP/buyout from a prior Federal appointment within the past 5 years.
- I have received a VSIP/buyout from a prior Federal appointment within the past 5 years. I understand that I must repay the full amount before I may be reappointed. If paid in full, you must provide proof of payment.

Agency * **Indicate VSIP/buyout Year ***

Attach Proof of VSIP Payment

Do any of your relatives currently work for the Census Bureau? *

Include - Parents, spouse, children, grandparents, siblings, (including half), aunts, uncles, first cousins, nephews, nieces, in-laws and step relatives.

Yes - If yes, indicate relationship, first/last name, location and current title

Relationship * <input type="text"/>	Current Title <input type="text"/>
First Name * <input type="text"/>	Last Name * <input type="text"/>
City <input type="text"/>	State * <input type="text" value="Select a state"/>
Additional Information <input type="text"/>	

I have an additional relative who currently works for the Census Bureau

Relationship * <input type="text"/>	Current Title <input type="text"/>
First Name * <input type="text"/>	Last Name * <input type="text"/>
City <input type="text"/>	State * <input type="text" value="Select a state"/>
Additional Information <input type="text"/>	

No

Help Desk Number: 1-855-562-2020

Screen #18 – Language Skills & Transportation

Status Bar

Some Census jobs require employees to conduct the Census interview by reading and recording responses to questions in a language **other than English**.

The employee must be able to convince individuals who speak no English to respond to the interview by explaining the purpose and importance of the census. Employees will receive Census job-related training, but not language training.

Are you fluent in any language where you can hold a conversation, read and record responses, and respond to questions in that language? (Please include American Sign Language if applicable.) *

Yes No

Language	Speak	Read	Write	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>

Help Desk Number: 1-855-562-2020

Indicate the type(s) of transportation available for your use.*

Mark **ALL** that apply.

Automobile

Is your automobile 4 wheel drive?

Yes No

Airplane


Boat

ATV (All Terrain Vehicle)

Other

None

Screen #19 – Availability

Status Bar 

When are you available to work? *Census field work will usually require you to work evenings and weekends. Some positions will require shift work. Hiring for some positions is based, in part, on your availability. Mark ALL that apply.**

Evenings
 Weekends
 Weekdays

Total hours per week you are willing to work up to and including 40.*

[Next](#) [Save & Exit](#)

Help Desk Number: 1-855-562-2020

Screen #20 – Electronic Signature

Status Bar

Signature, Certification, and Release of Information

After you electronically sign you will be able to download a signed copy for your records by clicking on 'Download Signed Copy' on the next page.

You must Electronically Sign this application.

Read the following carefully before you sign.

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18; Section 1001).

I understand that any information I give may be investigated as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and made in good faith.

***Note:** If you need to submit paper copies of your documentation for Veteran's Preference, please call 1-855-562-2020 and select the option for all other calls. Enter your zip code to speak with a representative in your local office.*

[Electronically Sign](#)

[Previous](#)

[Next](#) [Save & Exit](#)

Screen #21 – Additional Applicant Information

Status Bar

[Insert OMB No.]
[Insert Expiration Date]

Your Privacy Is Protected

This information is used to determine if our equal 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.

Review our [privacy policy](#) and the [Paperwork Reduction Act](#) for more information.

Screen #21 – Additional Applicant Information

Your Privacy Is Protected

This information is used to determine if our laws. Responses to these questions are voluntary. Information provided through this form will be kept private to the

Completing this form in part or in its entirety will not impact your application. There will be no impact on your

Thank you for helping us to provide better service.

Review our [privacy policy](#) and the [Paperwork Reduction Act](#).

Applicants receive the following pop-up message when they click on the Privacy Policy link:

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.

Screen #21 – Additional Applicant Information

Your Privacy Is Protected

This information is used to determine if our equal opportunity laws. Responses to these questions are voluntary and will not be placed in your Personnel File nor will information provided through this form will be kept private to the extent possible.

Completing this form in part or in its entirety is voluntary. There will be no impact on your application.

Thank you for helping us to provide better service.

Review our [privacy policy](#) and the [Paperwork Reduction Act](#) for more information.

Applicants receive the following pop-up message when they click on the Paperwork Reduction Act link:

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.

Screen #22 – Additional Applicant Information (Continued)

Recruiting Sources

How did you hear about Census Bureau job opportunities?

- National or community organization- *Specify* _____
- Federal, state, tribal employment office/Job service and information center
- Census Recruiter
- Census Jobs Website
- Internet Advertisement
- Social Media
- Toll-free Census phone number/jobs line
- Census job mailing/postcard
- Friend or relative working for Census
- Friend or relative not working for Census
- Brochure/poster/flyer
- Job Fair
- Newspaper-advertisement
- Newspaper-article
- Radio
- School or college
- TV advertisement or news
- Other – specify

Status Bar



Screen #23 – Additional Applicant Information (Continued)

Ethnicity Status Bar

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race

Not Hispanic or Latino

Race *Mark 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

Education

Mark highest education level

No High School

Some High School - Did not graduate

High School Diploma/GED

Technical Degree/Trade School Degree or Certificate

Some College - Did not graduate

Associate's degree

Bachelor's degree

Master's degree

Doctoral degree

Screen #24 – Additional Applicant Information (Continued)

Disability/Serious Health Condition

Status Bar

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 all boxes that apply*

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- 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

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

- I do not wish to identify my disability or serious health condition.
- I do not have a disability or serious health condition.
- I have a disability or serious health condition, but it is not listed above.

Screen #25 – Additional Applicant Information (Continued)

Status Bar

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 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.

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

Note: This screen will only appear if the applicant selects the following option on the previous screen (#24): '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.'

Help Desk Number: 1-855-562-2020

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