

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280 Implementation"  
(OMB Control Number: 3206-0276)**

---

**TITLE OF INFORMATION COLLECTION:** USAJOBS Veterans' Interconnection Data Accuracy Test

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

USAJOBS will conduct a data accuracy test to ensure the information being pulled from the Application Programming Interface(API)managed by the Department of Veterans Affairs, matches the user's DD214, DD215(if they have one,) and VA Letter if the user has a disability rating from the Department of Veterans Affairs.

Validating the accuracy of this data will allow USAJOBS to move forward with the release of the Veterans' Interconnection.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them.*

**Current federal employees who are also veterans**

User testing will be conducted with Federal employees who are also veterans to verify the information pulled from the Application Programming Interface is accurate.

We will recruit participants in the following way:

- USAJOBS Open Opportunities

### **Veterans who are not Federal employees**

User testing will be conducted with veterans who are not Federal employees to verify the information pulled from the Application Programming Interface is accurate.

We will recruit participants in the following ways:

- Collaboration with Veteran Readiness and Employment Counselors located on college campuses.
- Through “word of mouth” via email and social media.
- Through personal contacts.
- Through non-governmental organizations (e.g., associations) via email or phone.

3. How will you ask a respondent to provide this information?

### **User Testing (Survey)**

An email will be sent to volunteers to ensure veterans either have no disability rating or have a disability rating from the Department of Veterans Affairs.

Once eligibility for the test has been established, emails will be sent to participants explaining the process and how to provide feedback through Survey Monkey.

4. What will the activity look like?

*Describe the information collection activity – e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What’s the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

### **User Testing (Survey)**

User testing will comprise an unmoderated and remote survey using Survey Monkey. Participants will access the test through a web link that takes them to Survey Monkey. They will independently navigate the test and can leave the test at any time.

The survey will consist of sixteen questions. If the user responds with a negative response, they will be asked to provide a short narrative explaining their response in more detail.

No identifying PII (e.g., participant’s IP or internet protocol/computer ID address) will be collected using these digital testing tools.

5. Please provide your question list.

*Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.*

**Please make sure that all instruments, instructions, and scripts are submitted with the request**

1. Was your service information returned and displayed in USAJOBS?
  - a. Yes, my information was displayed in USAJOBS.
  - b. No, it said "No information found".
    - i. What was your next step when your information wasn't returned? (short answer)
  
2. Does your service information match your DD214 and DD215 (if you have one)?
  - a. Yes
  - b. No
    - i. What didn't match your DD214 or DD215? (short answer)
    - ii. What was your next step when your information didn't match your DD214 or DD215? (short answer)
  
3. Was your disability information returned and displayed in USAJOBS?
  - a. Yes, my information was displayed in USAJOBS.
  - b. No, it said "No information found".
    - i. What was your next step when your disability information wasn't returned? (short answer)
  - c. I don't have a disability rating.
  
4. Does your service-connected disability rating match your VA Letter?
  - a. Yes
  - b. No
    - i. What didn't match your VA letter? (short answer)
    - ii. What would you do to correct the information that doesn't match your VA letter? (short answer)?
  
5. Would you claim the veterans' preference and special hiring authorities presented to you at the end of the process (5-point preference, 10-point preference, VEOA, VRA etc.) when you apply for a job?
  - a. Yes
  - b. No
    - i. Why wouldn't you claim a preference or special hiring authority you are eligible to claim (short answer)?

c. I was not eligible for veterans' preference or a special hiring authority.

6. Did you have trouble anywhere in the process?

a. Yes

i. Explain where you had trouble? (short answer)

b. No

7. Is there anything else you would like to tell us about this new process? (short answer)

8. If any of your information didn't match, we would like to talk to you to find out what was wrong. Please provide an email so we can reach out to you.

6. When will the activity happen?

Emails with a survey link will be sent to participants in February 2021. They will be given seven days to complete the survey.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

If Yes, describe:

#### **BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden Hours</b>
Survey: Individuals	500	.50	250
<b>Totals</b>	<b>500</b>	n/a	<b>250</b>

#### **CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;

3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Michelle Early

**All instruments used to collect information must include:  
OMB Control No. 3206-0276  
Expiration Date: 12/31/2023**

**HELP SHEET**  
**(OMB Control Number: 1800-0011)**

---

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.