BACKGROUND

Some Important Questions About Your General Background

Sponsored by:
The U.S. Department of Labor and the National Center for O*NET Development
Form F R1
OMB#1205-0421
Expires: 11/30/2021
Version: 507D

Prefer to complete this questionnaire online?
LOG INTO:
onet.rti.org

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements is voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, 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 the U.S. Department of Labor, Office of Workforce Investment, Attn: O*NET Project, Frances Perkins Building, Mail Stop C4526, 200 Constitution Ave., NW, Washington, DC 20210 (OMB Control Number 1205-0421).

Return to: Research Triangle Institute
Research Operations Center
ATTN: O*NET Data Receipt
5265 Capital Boulevard
Raleigh, NC 27616-2925

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 <u>combined</u> 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 <u>performing work</u> 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 <u>last employed</u> 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 <u>supervising</u> 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 <u>last a supervisor</u> 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 <u>conducting training or teaching educational courses</u> 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 <u>conducting training or teaching educational courses</u> 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? __ __ __ __

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. 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)
- ☐ **Post-Secondary Certificate** – awarded for training completed after high school (for example, in agriculture or natural resources, computer services, personal or culinary services, engineering technologies, healthcare, construction trades, mechanic and repair technologies, or precision production)
- ☐ **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**

		Yes	No
16.	**Are you deaf or do you have serious difficulty hearing?**	☐	☐
17.	**Are you blind or do you have serious difficulty seeing even when wearing glasses?**	☐	☐
18a.	**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**	☐	☐
b.	**Do you have serious difficulty walking or climbing stairs?**	☐	☐
c.	**Do you have difficulty dressing or bathing?**	☐	☐
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?**	☐	☐

Your Professional Certifications

1. **Please write the names of <u>job-related professional certifications</u> that you have earned:**

   a._____

   b._____

   c._____

   d._____

   e._____

Your Apprenticeship Certificates

2. **Please write the names of <u>job-related apprenticeship programs</u> that you have completed:**

   a._____

   b._____

   c._____

   d._____

   e._____

Thank you so much for your participation in the O*NET Data Collection Program. We appreciate the time and effort you have taken to answer these questions.

Please make any comments about the survey or the O*NET Data Collection Program in general in the space below.

Please return your completed questionnaire in the enclosed envelope to:

RTI Research Operations Center
5265 Capital Blvd
Raleigh, NC 27616-2925

Prefer to complete this questionnaire online?
LOG INTO:
onet.rti.org