


Mockup of Vaccine Documentation collection from selectees/new hires in USA Staffing. Task instructions and privacy act statement are illustrative and may be revised as needed.

## Appendix B: Current Public Facing Questionnaire Interface in USA Staffing Onboarding Biographic/Identity

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

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Biographic Information ◻ = Incomplete ◻ = Complete \* = Required

◻ Identity◻ Contact◻ Demographic◻ Citizenship

Enter your full legal name below. Your full legal name is required for the purpose of verifying your employment eligibility and performing a background investigation or security clearance. For more information on legal name, please view the online help.

First Name \*

Do you have a middle name? \*  
 Yes  
 No

Middle Name \*

Last Name \*

Suffix (ex. Sr., Jr., III)

Social Security Number \*

Enter any other names you may have gone by (including maiden name).

First Name	Middle Name	Last Name	Is Maiden Name?	Actions
No Responses Created				

[Add Other Names Used](#)

Date of Birth \*

Country of Birth \*

State of Birth \*

City of Birth \*

[Save & Continue](#)[Return to Task](#)

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## Biographic/Contact Info



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Duty Location: Washington DC, District of Columbia

### Biographic Information

○ = Incomplete ✔ = Complete \* = Required

○ Identity ○ **Contact** ○ Demographic ○ Citizenship

Email Address \*

Address Line 1 \*

Address Line 2

Apartment/Suite

Country \*

State \*

City \*

Postal Code \*

Enter your phone numbers. \*

Phone Type	Phone Number	Phone Extension	Actions
No Responses Created			


Add Phone Number

Previous

Save & Continue

Return to Task

## Biographic/Demographic



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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

### Biographic Information

□ = Incomplete ✔ = Complete \* = Required

□ Identity □ Contact □ **Demographic** □ Citizenship

What is your marital status? \*

- Divorced
- Married
- Never Married
- Separated
- Widowed

The information collected below 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. This information will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office. The aggregate information collected through these questions will be kept private to the extent permitted by law. View the Privacy Act Statement below for more information. Completion of these questions is voluntary. No individual personnel selections are made based on this information. There will be no impact on your employment if you choose not to answer any of these questions.

Would you like to self-identify your race and ethnicity? \*

- Yes
- No

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) \*

- Yes
- No

Select the racial category or categories you most closely identify yourself with. (Check 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.

Would you like to self-identify whether or not you have a disability? \*

- Yes
- No

Select the disability you want to report. If you have multiple disabilities, select the one you would like retained with your employment records and used for reporting purposes. \*

Select a Response...


Previous

Save & Continue

Return to Task

# Biographic/Citizenship (Yes to US Citizenship)

Welcome [Tasks](#) [Help Center](#) [Contact Us](#) Logged in as: Test Stuart PRA



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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Biographic Information □ = Incomplete ✓ = Complete \* = Required

□ Identity □ Contact □ Demographic □ **Citizenship**

Are you a citizen of the United States? \*

Yes  
 No

If you were born a male after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

Were you born a male after December 31, 1959? \*

Yes  
 No

Have you registered with the Selective Service System? \*

Yes  
 No

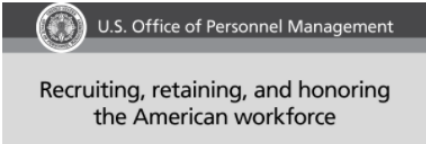
Provide the reason you did not register with the Selective Service. \*

[Previous](#) [Save & Continue](#) [Return to Task](#)

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Biographic/Citizenship (No to US Citizenship)



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Duty Location: Washington DC, District of Columbia

### Biographic Information

□ = Incomplete ✔ = Complete \* = Required

- Identity
- Contact
- Demographic
- **Citizenship**

Are you a citizen of the United States? \*

- Yes
- No

Are you a non-citizen national of the United States? \*

- Yes
- No

Country of Citizenship \*

What is your immigration status? \*

- Lawful permanent resident
- Alien authorized to work

Provide the following information so that your authorization to work can be verified.

Alien Registration Number/USCIS Number (Remove the letter 'A', if applicable, and add zeros to the beginning of the number to make it 9 digits long.) \*

If you were born a male after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

Were you born a male after December 31, 1959? \*

- Yes
- No

Have you registered with the Selective Service System? \*

- Yes
- No

Provide the reason you did not register with the Selective Service. \*

Previous


Save & Continue

Return to Task



# Biographic/Citizenship (Alien Authorized to Work)

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Biographic Information ⊖ = Incomplete   ⊕ = Complete   \* = Required

Identity    Contact    Demographic    **Citizenship**

Are you a citizen of the United States? \*

Yes  
 No

Are you a non-citizen national of the United States? \*

Yes  
 No

Country of Citizenship \*

Select a Response...

What is your immigration status? \*

Lawful permanent resident  
 Alien authorized to work

Provide the following information so that your authorization to work can be verified.

Do you have an Alien Registration Number or USCIS Number? \*

Yes  
 No

Alien Registration Number/USCIS Number (Remove the letter 'A', if applicable, and add zeros to the beginning of the number to make it 9 digits long) \*

Do you have a Form I-94 Admission Number? \*

Yes  
 No

Form I-94 Admission Number \*

Does your employment authorization expire? \*

Yes  
 No

What is the expiration date of your employment authorization? \*

Did you receive your admission number from the Customs and Border Patrol in connection with your arrival in the United States? \*

Yes  
 No

Passport Number \*

Country of Issuance \*

Select a Response...

If you were born a male after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

Were you born a male after December 31, 1959? \*

Yes  
 No

Have you registered with the Selective Service System? \*

Yes  
 No

Provide the reason you did not register with the Selective Service. \*

[Previous](#)   [Save & Continue](#)   [Return to Task](#)


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Employment/Employment  
History

# Employment/Uniformed Service

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Employment Information 🔴 = Incomplete 🟢 = Complete 🔴\* = Required

🟢 Employment History 🔴 **Uniformed Service** 🔴 Veterans Preference 🔴 Civilian Service

In order for you to receive credit for your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your active uniformed service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. The information on the application or resume you submitted for the appointment you are receiving, along with the information provided in this section, will be used to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

Enter all branches of uniformed service in which you served. \*

Branch of Service	Start Date	End Date	Discharge Type	Actions
No Responses Created				

[Add Uniformed Service](#)

[Previous](#) [Save & Continue](#) [Return to Task](#)


---

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# Employment/Veterans Preference (all possible questions displayed)

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Onboarding Progress 0%

Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Employment Information ☐ = Incomplete ☑ = Complete \* = Required

☑ Employment History ☐ Uniformed Service ☐ **Veterans Preference** ☐ Civilian Service

Do you claim derived veteran's preference? (e.g. Spouse of a disabled veteran, Mother of a deceased or disabled veteran, Unmarried widow/widower of a veteran) \*

Yes  
 No

What type of 10-Point Veteran's Preference do you claim? \*

Non-compensable Disability or Purple Heart (XP)  
 Compensable Service-connected Disability of 10 percent or more, but less than 30 percent (CP)  
 Compensable Service-connected Disability of 30 percent or more (CPS)  
 Widow/Widower or Mother of a Deceased Veteran, or Spouse or Mother of a Disabled Veteran (XP)  
 None of the above

What type of veteran's preference do you claim? \*

Spouse of a disabled veteran  
 Mother of a deceased or disabled veteran  
 Unmarried widow/widower of a veteran

Select the specific reason for the basis of your veteran preference claim? \*

I am the spouse of a living veteran, with a service-connected disability, who has been unable to qualify for a Federal Government job, or any other position.  
 I am a veterans widow or widower.  
 I am the mother of a veteran with a service-connected disability that is permanent and totally disabling.  
 I am the mother of a deceased veteran.


[Previous](#) [Save & Continue](#) [Return to Task](#)

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# Employment/Civilian Service (All possible questions)

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Employment Information ○ = Incomplete   ✓ = Complete   \* = Required

Employment History    Uniformed Service    Veterans Preference    **Civilian Service**

In order for you to receive credit for your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your of civilian service must be verified. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC or OPM approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System Standard Form 2806, or the Federal Employees Retirement System-Standard Form 3100). The information on the application or resume you submitted for the appointment you are receiving, along with the information provided in this section, will be used to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

Enter all of your prior civilian service. (Include service with the DC Government with an appointment date before October 1, 1987.) \*

Agency/Department	Position Title	Start Date	End Date	Actions
No Responses Created				

[Add Civilian Service](#)

Did you have a total of more than 6 months absence without pay during any one calendar year? \*

Yes  
 No

Enter each occurrence of leave without pay. \*

Type of Absence	Start Date	End Date	Actions
No Responses Created			

[Add Absence](#)

When did you leave your last Federal Job? \*

Did you waive Basic Life Insurance or any type of optional life insurance when you last worked for the Federal Government? \*

Yes  
 No  
 Do Not Know

Did you later cancel your waiver(s)? \*

Yes  
 No  
 Do Not Know

Identify the types of insurance for which waivers were not canceled. \*


[Previous](#)   [Save & Continue](#)   [Return to Task](#)

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# Benefits/Beneficiaries

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Onboarding Progress 0%

Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

---

Benefits Information 🔴 = Incomplete   🟢 = Complete   \* = Required

**🔴 Beneficiaries**

By law, retirement benefits, life insurance benefits, and unpaid compensation at the time of an employee's death is paid out in the following order:

1. To the deceased's widow or widower;
2. To the deceased's child or children or the descendants of deceased children;
3. To the deceased's parent(s);
4. To the insured's estate;
5. To the next of kin under the laws of the State in which the deceased died.

You do not need to designate a beneficiary unless you want to name some person or entity not listed above or you want the payment to be made in a different order. Payment of a lump sum will be made to the first person or entity listed above who are alive on the day you die. Please note that relationship changes do not invalidate beneficiary designations and you should update your designations if your intentions or family status changes. Given the order stated, please answer the following question.

How would you like to designate beneficiaries for your Federal Employee Retirement (FERS)? \*

Accept the order defined by law  
 Designate Beneficiaries

How would you like to designate beneficiaries for your Federal Employee Life Insurance (FEGLI)? **NOTE:** Option C benefits are only distributed to legal spouses, thus except from any designation you make for FEGLI benefits. \*

Accept the order defined by law  
 Designate beneficiaries

Enter all persons or entities you would like to identify as a beneficiary for one or more of your Federal benefits. The shares you enter for several beneficiaries must add up to 100. \*

First Name	Last Name	Name of Trust, Estate, Corporation, or Legal Entity	Actions
No Responses Created			

[Add Beneficiary](#)


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# Compensation/Direct Deposit

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Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

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Compensation Information 🔴 = Incomplete 🟢 = Complete \* = Required

Direct Deposit  Federal Tax

Type of Deposit Account \*

Checking  
 Savings

Deposit Account Holder's Name \*

Deposit Account Number \*

Routing Number \*

Name of Financial Institution \*

Financial Institution Address 1 \*

Financial Institution Address 2

Financial Institution Address 3

Financial Institution Country \*

Select a Response...

Financial Institution State \*

Select a Response...

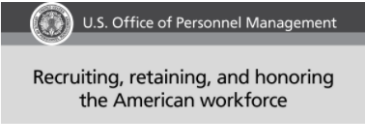
Financial Institution City \*

Financial Institution Postal Code \*

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

### Compensation Information

🔴 = Incomplete 🟢 = Complete \* = Required

Direct Deposit  Federal Tax

Are you claiming full exemption from Federal tax withholding? NOTE: If you claim full exemption no Federal Tax will be deducted from your pay. \*

- Yes
- No

What is your filing status? \*

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household

You indicated that you are married filing jointly, how many jobs do you and your spouse currently have? \*

- Only one spouse has a job.
- Both spouses have one job.
- The total number of jobs for me and/or my spouse is greater than two.

Would you like to have an additional amount withheld from your pay for Federal tax withholding? \*

- Yes
- No

Enter the specific dollar amount. \*

Do you wish to declare other income which is not from a job, such as interest, dividends, retirement income? \*

- Yes
- No

Enter other income amount. \*

Do you wish to claim dependents and will your income be less than \$200,000 (or less than \$400,000 if married filing jointly)? \*

- Yes
- No

How many qualifying children under age 17 do you wish to claim as dependents? \*

How many other dependents do you claim? \*

Do you expect to claim deductions other than the standard deduction? \*

- Yes
- No

If you expect to claim deductions other than the standard deduction, refer to the Deductions Worksheet and enter the result here. \*

Previous

Save & Continue


Return to Task



Compensation-Federal Tax (Married Filing Jointly Questions)

# Compensation-Federal Tax (Married Filing Separately/Head of Household)

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Position Title: PRA Testing  
Pay Plan-Series-Grade: GS-0301-11  
Duty Location: Washington DC, District of Columbia

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Compensation Information❑ = Incomplete ✅ = Complete \* = Required

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Direct Deposit **Federal Tax**

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Are you claiming full exemption from Federal tax withholding? NOTE: If you claim full exemption no Federal Tax will be deducted from your pay. \*

Yes  
 No

What is your filing status? \*

Single  
 Married Filing Jointly  
 Married Filing Separately  
 Head of Household

Including the job for which you are currently onboarding, how many jobs do you currently have? \*

I have only one job.  
 I have two jobs.  
 I have more than two jobs.

Would you like to have an additional amount withheld from your pay for Federal tax withholding? \*

Yes  
 No

Enter the specific dollar amount. \*

Do you wish to declare other income which is not from a job, such as interest, dividends, retirement income? \*

Yes  
 No

Enter other income amount. \*

PreviousSave & ContinueReturn to Task[Terms of Use](#)[Privacy & Cookies](#)[OPM](#)[USA.gov](#)