

**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
 APPLICANT BACKGROUND SURVEY**

<p align="center">GENERAL INSTRUCTIONS</p> <p>In boxes 1 to 3, please print using capital letters only. Read each item thoroughly before checking the appropriate codes in boxes 4 and 5. Enclose this form with your application package or mail it directly to the same address.</p>	<p align="center">YOUR PRIVACY IS PROTECTED</p> <p>This information is needed to determine if our recruitment efforts are reaching all segments of the population, as required by Federal law. This is vital information not available from any other source. We can only get it directly from you.</p> <p>Your voluntary responses are treated in a <i>highly</i> confidential manner. They are not released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public. This form will be destroyed after the position is filled.</p> <p>The only information associated with your name in our computer system is whether you have returned the completed form, so that we may follow up if no response has been received. Your responses are stored as a tally for the <i>group of all applicants for this vacancy</i> in a manner that cannot be associated with any individual application. No information taken from this form is ever placed in a Personnel file or Personnel database.</p> <p align="center">Thank you for helping us provide better service.</p>	
<p>1. Vacancy Announcement No.:</p>		
<p>2. Position Title:</p>		
<p>3. Name (Last, First, MI):</p>		
<p>4. How did you learn about this position? (Check up to three boxes).</p>		
<p>01 <input type="checkbox"/> Private information service 02 <input type="checkbox"/> Magazine 03 <input type="checkbox"/> Newspaper 04 <input type="checkbox"/> Radio 05 <input type="checkbox"/> TV 06 <input type="checkbox"/> Poster 07 <input type="checkbox"/> Private Employment Office 08 <input type="checkbox"/> State Employment Office (Unemployment Office)</p>	<p>09 <input type="checkbox"/> Agency Personnel Department (bulletin board or other announcement) 10 <input type="checkbox"/> Agency or other Federal government recruitment at school or college 11 <input type="checkbox"/> Federal, state, or local Job Information Center 12 <input type="checkbox"/> Religious organization 13 <input type="checkbox"/> School or college counselor or other official 14 <input type="checkbox"/> Friend or relative working for this agency 15 <input type="checkbox"/> Friend or relative not working for this agency 16 <input type="checkbox"/> Internet or World Wide Web 17 <input type="checkbox"/> Professional organization 18 <input type="checkbox"/> Other (Specify) _____</p>	
<p>5. Identify yourself in each category: (Check the appropriate boxes)</p>		
<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race (check one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>	<p>Sex:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>Do you have a disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, do you have a targeted* disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>* The Equal Employment Opportunity Commission targets the following disabilities for extra recruitment efforts: Deaf, Blind, Missing Extremities, Partial/Complete Paralysis, Convulsive Disorders, Mentally Retarded, Mental Illness or Distortion Limb/ Spine.</small></p>	

**SEE BACK OF THIS FORM FOR THE PRIVACY ACT STATEMENT,
 PUBLIC BURDEN STATEMENT AND THE PAPERWORK REDUCTION ACT STATEMENT**

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

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 5 minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to the National Archives and Records Administration (NHP), 8601 Adelphi Rd., College Park, MD 20470-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**

PRIVACY ACT STATEMENT

GENERAL: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), for individuals completing Federal records and forms that solicit personal information.

AUTHORITY: Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code.

PURPOSE AND ROUTINE USES: The form will only be seen by National Archives and Records Administration Personnel and Equal Employment Opportunity officials. Data summarizing all applicants for a position will be used to determine if we are effectively recruiting from all portions of the country, in conformance with the requirements of Federal law. Only summary data is reported, and only in a format which cannot be broken out by individual applicants. No individual data is ever provided to selecting officials.

EFFECTS OF NONDISCLOSURE: Providing this information is voluntary. No individual personnel selections are made based on this information.