

NATIONAL SCIENCE FOUNDATION  
APPLICANT SURVEY

Vacancy Ann. # \_\_\_\_\_

Position Status (temporary/permanent): \_\_\_\_\_

Position Title/Series/Grade: \_\_\_\_\_

INSTRUCTIONS

Your completion of this form will be appreciated. Submission of this information is voluntary and it will have no effect on the processing of your application. The data collected will be used only for statistical purposes to ensure that agency personnel practices meet the requirements of Federal law. NSF estimates that each respondent should take about 3 minutes to complete this survey, including time to read the instructions. You may have comments regarding this burden estimate or any other aspect of this survey, including suggestions for reducing this burden. If so, please send them to NSF Reports Clearance Officer, Information Dissemination, NSF, 4201 Wilson Blvd., Arlington, VA. 22230.

PRIVACY ACT INFORMATION

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information .  
AUTHORITY - Section 7201 of title 5 of the U.S. Code and Section 2000e-16 of title 42 of the U.S. Code.

PURPOSE AND ROUTINE USES

The information is used for research and for a Federal Equal Opportunity Recruitment Program (FEORP) to help insure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Privacy Act Officer, National Science Foundation, Arlington, VA 22230.

1. Today's Date: \_\_\_\_\_

2. Year of Birth: \_\_\_\_\_

3. How did you learn about the particular position for which you are applying? (Circle appropriate number.)

- 01 - Newspaper (specify) \_\_\_\_\_
- 02 - Contact with NSF Personnel Office  
(Agency Bulletin Board or other Announcement)
- 03 - NSF-initiated personal contact
- 04 - Science Magazine, or other professional journal or magazine  
(specify) \_\_\_\_\_
- 05 - Affirmative Action Register
- 06 - Attendance at conference, meeting or job fair  
(specify) \_\_\_\_\_
- 07 - NSF recruitment at school or college
- 08 - Colleague referral
- 09 - NSF Bulletin

- 10 - Federal, State or local job information center
- 11 - State vocational rehabilitation agency or  
Veterans Administration
- 12 - State employment office
- 13 - School or college counselor or other official
- 14 - Private job Information service
- 15 - Private employment service
- 16 - Friend or relative working at NSF
- 17 - Friend or relative not working at NSF
- 18 - Other (specify) \_\_\_\_\_

4. Please select the racial/ethnic category with which you most closely identify yourself. (Circle the appropriate letter)

- A. American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.
- B. Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Korea, the Philippine Islands, and Samoa
- C. Black, not of Hispanic origin. A person having origins in any of the Black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
- D. Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- E. White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origin.

5. Sex (Circle the appropriate letter.)      F - Female      M - Male

6. Please provide Information on your disability status by circling the appropriate category below:

- 1. I do not have a disability;
- 2. Hearing impairment;
- 3. Vision impairment;
- 4. Missing extremities;
- 5. Partial paralysis;
- 6. Complete paralysis;
- 7. Convulsive disorder;
- 8. Mental retardation;
- 9. Mental or emotional illness;
- 10. Severe distortion of limbs and/or spine;
- 11. I have a disability but it is not listed.

FOR AGENCY USE

Agency Code: \_\_\_\_\_  
\_\_\_\_\_

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER  
NSF Form 1232 (8/97)