

U.S. DEPARTMENT OF TRANSPORTATION APPLICANT BACKGROUND QUESTIONNAIRE

The U.S. Department of Transportation requests that you voluntarily complete this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage employment applications from a diverse group of qualified candidates. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information. Personal identifying information will not be included in the tabulation of data.

The completion of this form is voluntary. This information will have no effect on the processing of your application or hiring decisions.

PRIVACY ACT INFORMATION: 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 e-16 of title 42 of the U.S. Code

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 2105-0557.

The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Transportation, Departmental Human Resources Office, 400 7th St, SW., Washington, DC 20590; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Solicitation of this information is in accordance with "Federal Equal Opportunity Recruitment Program" (FEORP), found in part 720 of title 5, Code of Federal Regulations.

PLEASE COMPLETE THE FOLLOWING:

Name:	Sex: ___ Male ___ Female				
Title, Grade, and Announcement Number of position for which you are applying:					
Do you have a disability? ___ Yes ___ No					
If yes, please provide information on your disability by selecting the appropriate category:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I do not choose to identify my disability <input type="checkbox"/> Total Deafness <input type="checkbox"/> Blind/uncorrectable visual impairment <input type="checkbox"/> Missing extremity(ies) <input type="checkbox"/> Partial paralysis </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Complete paralysis <input type="checkbox"/> Convulsive disorder <input type="checkbox"/> Mental retardation <input type="checkbox"/> Mental or emotional illness <input type="checkbox"/> Severe distortion of limbs or spine </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <input type="checkbox"/> I have a disability but it is not listed </td> </tr> </table>		<input type="checkbox"/> I do not choose to identify my disability <input type="checkbox"/> Total Deafness <input type="checkbox"/> Blind/uncorrectable visual impairment <input type="checkbox"/> Missing extremity(ies) <input type="checkbox"/> Partial paralysis	<input type="checkbox"/> Complete paralysis <input type="checkbox"/> Convulsive disorder <input type="checkbox"/> Mental retardation <input type="checkbox"/> Mental or emotional illness <input type="checkbox"/> Severe distortion of limbs or spine	<input type="checkbox"/> I have a disability but it is not listed	
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<input type="checkbox"/> I have a disability but it is not listed					
Are you of Hispanic or Latino origin? ___ Yes ___ No					
Please select one or more racial categories:					
___ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through 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, Philippine Islands, Thailand, and 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.				
How did you find out about this vacancy? (Select all that apply)					
<input type="checkbox"/> 1. Magazine/Newspaper <input type="checkbox"/> 2. Radio/Television Broadcast <input type="checkbox"/> 3. DOT Human Resources Office <input type="checkbox"/> 4. State Employment Office <input type="checkbox"/> 5. Government Recruitment at School <input type="checkbox"/> 6. Attendance at Conference, Meeting, or Job Fair (specify _____) <input type="checkbox"/> 7. Federal, State, or Local Job Information Center	<input type="checkbox"/> 8. Friend or Relative Working for DOT <input type="checkbox"/> 9. Friend or Relative Not Working for DOT <input type="checkbox"/> 10. DOT's Careers in Motion Web Site (www.careers.dot.gov) <input type="checkbox"/> 11. Internet or Other Web Site <input type="checkbox"/> 12. State Vocational Rehabilitation Agency or U.S. Dept. of Veterans' Affairs <input type="checkbox"/> 13. Other (specify _____)				