

## APPLICANT BACKGROUND SURVEY QUESTIONNAIRE

<p><b>GENERAL INSTRUCTIONS</b>                  The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are <b>voluntary</b>. Please answer each of the questions to the best of your ability. Please print entries in pencil or pen. Use only capital letters. Read each item thoroughly before completing the appropriate code number in each box.</p>	<p><b>PRIVACY INFORMATION</b>  <b>General</b>                  The information is provided pursuant to Public Law 935-597 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.  <b>Authority</b>                  Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code.  <b>Purpose and Routine Uses</b>                  The information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal law.  <b>Effects of Nondisclosure</b>                  Providing this information is voluntary. No individual personnel selections are made based on this information.</p>		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-right: 1px solid black; padding: 5px;"> <p><b>Minority Mentoring and Internship Program (MMIP)</b>                      or  <b>Student Career Experience Program (SCEP)</b>                      or  <b>Federal Career Intern Program (FCIP)</b></p> </td> <td style="width: 30%; padding: 5px;"> <p><b>Date (Month, Day, Year):</b></p> </td> </tr> </table>	<p><b>Minority Mentoring and Internship Program (MMIP)</b>                      or  <b>Student Career Experience Program (SCEP)</b>                      or  <b>Federal Career Intern Program (FCIP)</b></p>	<p><b>Date (Month, Day, Year):</b></p>	
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**Name (OPTIONAL):** \_\_\_\_\_

**How did you learn about the particular position or exam for which you are applying? (You may circle up to three choices.)**

<p>01--Private Information Service                  02--Magazine/Newspaper                  03--Radio/TV                  04--DOE Home Page                  05--NETL Home Page                  06--OPM USA Jobs                  07--Minorities Job Bank                  08--Other WEB sites (Specify): _____                  _____                  09--Hard Copy of Vacancy Announcement                  10--Agency Personnel Department</p>	<p>11--FRS-Federal Career Opportunities Listing                  12--Federal/State/Local Job Information Center                  13--Religious Organization                  14--School or College Counselor or Other Official                  15--Friend or Relative Working for the Agency                  16--Friend or Relative Not Working for Agency                  17--State Employment Office (Unemployment Office)                  18--Private Employment Office                  19--Other (Specify): _____                  _____</p>
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**Please categorize yourself in terms of the race/ethnic category and sex using the definitions below categories below:**

<p><b>RACE/ETHNIC CODE:</b>                  A--American Indian or Alaskan Native                  Person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.                  B--Asian or Pacific Islander                  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, Japan, Korea, the Philippine Islands, and Samoa.                  C--Black, Not of Hispanic Origin                  Person having origins in any of the black racial groups of Africa.                  D--Hispanic                  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                  Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>	<p><b>SEX:</b>                  1--Male                  2--Female</p>
<p><b>DISABILITY STATUS:</b> (Please place only ONE two-digit code number in the box. See the reverse side of this form for the appropriate codes.)</p> <div style="text-align: center; margin-top: 20px;"> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; margin: 0 10px;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px;"></span> </div>	

Mail form to: Office of the Economic Impact and Diversity Manager, National Energy Technology Laboratory, P.O. Box 10940, MS-922-178C, Pittsburgh, Pennsylvania 15236-0940. You may submit this form as part of your application package; however, it will be removed upon receipt and forwarded to the above office.

**Disability Status Codes:**

- 05. I do not have a disability.
- 16. Total deafness in both ears, with or without understandable speech.
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device).
- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing both hands or both arms or both feet or both legs.
- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands.
- 65. Partial paralysis of both legs, any part, or both arms, any part.
- 67. Partial paralysis of one side of the body, including one arm and one leg.
- 68. Partial paralysis of three or more major parts of the body (arms and legs).
- 71. Complete paralysis of both hands or both arms or both legs.
- 72. Complete paralysis of one arm or one leg.
- 76. Complete paralysis of lower half of body, including legs.
- 77. Complete paralysis of one side of body, including one arm and one leg.
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).
- 82. Convulsive disorder (e.g., epilepsy).
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92. Severe distortion of limbs and/or spine (e.g., dwarfism, severe distortion of the back).
- 93. I have a disability, but it is not listed above. Describe: \_\_\_\_\_