APPLICANT BACKGROUND SURVEY QUESTIONNAIRE

GENERAL INSTRUCTIONS The information from this survey is used to help ensure that a personnel practices meet the requirements of Federal law. responses are voluntary. Please answer each of the questions best of your ability. Please print entries in pencil or pen. Us capital letters. Read each item thoroughly before complete appropriate code number in each box.	agency Your S to the se only ing the information. Authority General The informati (Privacy Act completing F information. Authority	ion is provided pursuant to Public Law 935-597 of 1974), December 31, 1974, for individuals rederal records and forms that solicit personal	
Minority Mentoring & Date (Month, Day, Year): Internship Program (MMIP)	Purpose and I The information Federal equal agency persons Effects of Nor Providing this	Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code. Purpose and Routine Uses 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. Effects of Nondisclosure Providing this information is voluntary. No individual personnel selections are made based on this information.	
Name (OPTIONAL):			
How did you learn about the particular position or exam f	or which you are appl	ying? (You may circle up to three choices.)	
01Private Information Service 02Magazine/Newspaper 03Radio/TV 04DOE Home Page 05NETL Home Page 06OPM USA Jobs 07Minorities Job Bank 08Other WEB sites (Specify): 09Hard Copy of Vacancy Announcement 10Agency Personnel Department Please categorize yourself in terms of the race/ethnic category	12Federal/State 13Religious Or 14School or Co 15Friend or Rel 16Friend or Rel 17State Employ 18Private Empl 19Other (Speci	ollege Counselor or Other Official lative Working for the Agency lative Not Working for Agency yment Office (Unemployment Office) loyment Office fy):	
 RACE/ETHNIC CODE: AAmerican 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. BAsian 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. CBlack, Not of Hispanic Origin Person having origins in any of the black racial groups of Africa. DHispanic Person of Mexican, Puerto Rican, Cuban Central or South American, or other Spanish culture or origin, regardless of race. EWhite, Not of Hispanic Origin Person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Mail form to: Office of the Economic Impact and Diversity Manager, National En MS-922-178C, Pittsburgh, Pennsylvania 15236-0940. You may submit this form as part removed upon receipt and forwarded to the above office. 		2Female DISABILITY STATUS: (Please place only ONE two-digit code number in the box. See the reverse side of this form for the appropriate codes.) I Energy Technology Laboratory, P.O. Box 10940,	

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: