

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)
VOLUNTARY QUESTIONNAIRE**

*OMB No. 0704-0370
OMB approval expires
Jul 31, 2011*

**RETURN COMPLETED FORM TO: DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS,
HUMAN RESOURCES CENTER
4040 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203-1634**

The public reporting burden for this collection of information is estimated to average 2 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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. NAME (*Last, First, Middle Initial*)

2. DATE OF BIRTH (*YYYYMMDD*)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 7201; 42 U.S.C. Section 2000e-16; Office of Management and Budget 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity; and 20 U.S.C. 902, 903.

PRINCIPAL PURPOSE(S): This information is used to evaluate personnel/organizational measurement and selection methods; implement agency affirmative employment programs; implement and evaluate agency Federal Equal Employment Recruitment Programs (including establishment of minority recruitment files); enable report to be prepared by race, sex, and national origin of applicants, and for other uses consistent with the Office of Personnel Management Government-Wide Applicant Race, Sex, National Origin and Disability Status Records (OPM/GOVT-7), available on the internet at http://www.defenselink.mil/privacy/govwide/opm_govt-7.html.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the DoD "Blanket Routine Uses", prescribed as set forth at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices apply to this system, located at <http://www.defenselink.mil/privacy/notices/osd>, as well as the Office of Personnel Management Routine Uses prescribed by OPM/GOVT-7, located above, as follows:

To the Equal Employment Opportunity Commission (EEOC) for use in examining agency compliance with affirmative action plan and similar requirements imposed under EEOC authorities in connection with agency EEO programs;

To OPM maintaining records for personnel research or survey response in the production of summary descriptive statistics and analytical studies in support of the functions for which the records are collected and maintained, or for related workforce studies;

To a Federal agency in response to its request for use in its Federal EEO Recruitment Program to the extent that the information is relevant and necessary to the agency's efforts in identifying possible sources for minority recruitment.

DISCLOSURE: Your disclosure of the information requested on this form is voluntary. Failure to provide, or delay in providing, the requested information has no impact on your employment status, but in the instance of missing information, other agency sources may be used to obtain it, including visual observation (race), or knowledge of an individual's background (national origin), or from other personnel records maintained under the OPM/GOVT-1 (General Personnel Records) system, also available on the internet at http://www.defenselink.mil/privacy/govwide/opm_govt-1.html.

3. RACE, ETHNICITY, AND SEX. Please identify yourself in terms of the race, ethnicity, and sex categories below.

CATEGORIES AND DEFINITIONS

Race:

- 1 - 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 tribal affiliation or community attachment.
- 2 - 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, the Philippine Islands, Thailand, and Vietnam.
- 3 - Black or African American.** A person having origins in any of the black racial groups of Africa.
- 4 - Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 - White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity:

- 1 - Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origins, regardless of race.

a. RACE (*X all that apply*)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1 - American Indian or Alaska Native |
| <input type="checkbox"/> | 2 - Asian |
| <input type="checkbox"/> | 3 - Black or African American |
| <input type="checkbox"/> | 4 - Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> | 5 - White |

b. ETHNICITY (*Enter code*)

Are you Hispanic or Latino?
 1 - Yes
 2 - No

c. SEX (*Enter code*)

M - Male
 F - Female

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
VOLUNTARY QUESTIONNAIRE *(Continued)*

4. REPORTABLE DISABILITY

A physical or mental disability is NOT determined by a person's ability to perform his or her work but by a disability, or a history of such disability, which is likely to cause the employee to experience difficulty in obtaining, maintaining or advancing in employment. This does not apply solely to an employee's current position, but applies to the total career life cycle of that employee. (In the case of multiple disabilities, choose the code which describes the impairment that would most likely result in such difficulties.)

Do you have a physical disability?

- 1 - YES
- 2 - NO

5. HOW DID YOU LEARN ABOUT THE DODDS EMPLOYMENT OPPORTUNITIES? *(X all that apply)*

- 01** - Friend or relative working for DoDDS
- 02** - Friend or relative not working for DoDDS
- 03** - On-campus recruitment by DoDDS
- 04** - Direct mailing by DoDDS
- 05** - Government job information center
- 06** - State employment office
- 07** - Private information office
- 08** - State rehabilitation center
- 09** - Veterans association/employment office
- 10** - School placement officer
- 0A** - Print advertisement - Name of publication: _____
- 0B** - On-line information - Name of site: _____
- 0C** - Professional conventions/meeting - Name of event: _____
- 0D** - Other *(please specify)*: _____