

## FEDERAL BUREAU OF INVESTIGATION

## APPLICANT BACKGROUND SURVEY

(Please read the instructions below and read the Privacy Act Statement on the reverse side before completing form)

Date: \_\_\_\_\_

1. Name (Last, First, MI):

Date of Birth:

2. Position Applied for:

3. Social Security Number

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Your furnishing this information is voluntary. Please provide information on your race/ethnicity, sex, and disability status. In block 4, provide the race/ethnic code which indicates the group with which you identify yourself. Check the appropriate box in block 5, to show you sex. In block 6, enter your disability code. The codes are listed below.

4. Race/Ethnic Code:

5. Sex:

 Female     Male

6. Disability Code:

## RACE/ETHNIC CODES

- A. American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
- 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, Japan, 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. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (See Hispanic).
- D. Hispanic** - A person having Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (**Regardless of Race**). Does not include persons of Portuguese culture or origin.
- E. White, Not of Hispanic Origin** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (See Hispanic). Also includes persons not included in other categories.

## DISABILITY CODES

- |  |  |
|--|--|
| 5 - I do not have a disability                     | 71 - Complete Paralysis                      |
| 6 - I have a disability but it is not listed below | 82 - Convulsive Disorder                     |
| 16 - Hearing Impairment                            | 90 - Mental Retardation                      |
| 23 - Vision Impairment                             | 91 - Mental or Emotional Illness             |
| 28 - Missing Extremities                           | 92 - Severe Distortion of Limbs and/or Spine |
| 64 - Partial Paralysis                             |  |

## **PRIVACY ACT STATEMENT**

You are requested to furnish this information under the authority of 42 U.S.C. &2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs. Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.