

Railroad Retirement Board APPLICANT BACKGROUND SURVEY

<p style="text-align: center;">GENERAL INSTRUCTIONS</p> <p>In boxes 1 to 3, please print using capital letters only. Read each item thoroughly before checking the appropriate codes in boxes 4 and 5. Enclose this form with your application package or mail it directly to the same address.</p>	<p style="text-align: center;">YOUR PRIVACY IS PROTECTED</p> <p><i>This information is needed to determine if our recruitment efforts are reaching all segments of the population, as required by Federal law. This is vital information not available from any other source. We can only get it directly from you.</i></p> <p><i>Your voluntary responses are treated in a highly confidential manner. They are not released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public. This form will be destroyed after the position is filled.</i></p> <p><i>Your responses are stored as a tally for the group of all applicants for this vacancy in a manner that cannot be associated with any individual application. No information taken from this form is ever placed in a Personnel file or Personnel database.</i></p> <p style="text-align: center;"><i>Thank you for helping us provide better service.</i></p>	
<p>1. Vacancy Announcement No.:</p>		
<p>2. Position Title:</p>		
<p>3. Name (Last, First, MI):</p>		
<p>4. How did you learn about this position? (Check up to three boxes below)</p>		
<p>01 <input type="checkbox"/> Internet (e.g. USAJOBS)</p> <p>02 <input type="checkbox"/> Agency Personnel Department</p> <p>03 <input type="checkbox"/> School or college counselor or other official</p> <p>04 <input type="checkbox"/> Media (e.g. newspaper, radio)</p> <p>05 <input type="checkbox"/> Private Employment Office</p>	<p>06 <input type="checkbox"/> State Employment Office</p> <p>07 <input type="checkbox"/> Friend or relative working for this agency</p> <p>08 <input type="checkbox"/> Friend or relative not working for this agency</p> <p>09 <input type="checkbox"/> Professional organization</p> <p>10 <input type="checkbox"/> Other (Specify) _____</p>	
<p>5. Identify yourself in each category below: (Check the appropriate boxes)</p>		
<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race: (check one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Sex:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>Do you have a disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, do you have a targeted* disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*The Equal Employment Opportunity Commission targets the following disabilities for extra recruitment efforts: Deaf, Blind, Missing Extremities, Partial/Complete Paralysis, Convulsive Disorders, Mentally Retarded, Mental Illness or Distortion Limb/Spine.</small></p>	

**SEE BACK OF THIS FORM FOR THE PRIVACY ACT STATEMENT,
PAPERWORK REDUCTION ACT STATEMENT AND PUBLIC BURDEN STATEMENT**

PRIVACY ACT STATEMENT

GENERAL: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), for individuals completing Federal records and forms that solicit personal information.

AUTHORITY: Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code.

PURPOSE AND ROUTINE USES: The form will only be seen by Railroad Retirement Board Human Resources Personnel and Equal Employment Opportunity officials. Data summarizing all applicants for a position will be used to determine if we are effectively recruiting from all portions of the country, in conformance with the requirements of Federal law. Only summary data is reported, and only in a format which cannot be broken out by individual applicants. No individual data is ever provided to selecting officials.

EFFECTS OF NONDISCLOSURE: Providing this information is voluntary. No individual personnel selections are made based on this information

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. We estimate this form takes an average of 5 minutes to complete, including the time for reviewing the instructions, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**