



USA Staffing Applicant Flow Data Files User Guide

PART 1: BACKGROUND INFORMATION

This guide provides USA Staffing customer agencies with instructions on how to request and retrieve the two applicant flow data files: Quarterly by Vacancy and Monthly by Certificate. Applicant flow data is provided as a delimited text file on a secure FTP site and may be downloaded by the agency's authorized official. The data itself is limited to demographic information collected in the USAJOBS profile (see Appendix C and D) and USA Staffing application and referral information. The applicant flow data files do not include any Personally Identifiable Information (PII) and are not visible or accessible to USA Staffing users.

The **Quarterly by Vacancy** data file is an overview of all vacancies in a completed status, meaning all certificates have been audited and the last certificate was audited in the previous quarter.

- The file includes applicants who applied to the vacancy and responded to demographic questions or positively declined to answer and were referred on a certificate and/or claimed veteran's preference.
- An applicant may appear in multiple rows if they applied to a vacancy ID for more than one series, specialty, grade, and/or location combination.
- Only vacancies that have 10 or more applicants will be included in the file.

The data file is designed to allow agencies to calculate the percentage of applicants that provided RNO and disability information with their application and determine rates of representation and selection by vacancy, customer, series, grade, and office. These files will be scheduled to run quarterly and will be provided to the customer organization's authorized official on a secure FTP site within 7-10 business days.

The **Monthly by Certificate** data file is a summary view of all certificates that have been audited within the previous month.

- Each row of data represents an applicant's response for a single consideration on a certificate for the series, specialty, grade and location selection.
- Similar to the Quarterly file, only vacancies with 10 applicants or more are included.

This data file is designed to allow agencies to calculate the percentage of applicants referred that provided demographic data, determine rates of selection on individual certificates, select customer certificates, or certificates over time and determine if select groups are represented on certificates. The applicant flow data by certificate will be scheduled to run monthly and will then be provided to the customer organization's authorized official on the secure FTP site within 5 - 10 business days.

PART 2: REQUESTING APPLICANT FLOW DATA FILES

To begin retrieving the applicant flow data files, begin with the following steps:

1. **Identify an authorized official (AO)** for your agency that will retrieve the applicant flow data files. Please consider the following factors when identifying authorized official(s) for your USA Staffing agency:
 - a. Because these new data files are created at the USA Staffing organization level, you will need to determine which organizations' data the authorized official should have access to. In some cases, a single official will work with data from an entire department and in others may be limited to a single USA Staffing organization.
 - b. You may also decide to designate a backup authorized official for your agency in the event the primary AO is not available to download the files.
 - c. The authorized official(s) may not be involved in the hiring and selection process with your agency. For example, the authorized official may be part of the HR Policy, Diversity or EEO Office.
 - d. The authorized official(s) must sign and comply with the Rules of Behavior (see [Appendix A](#)) regarding the receiving, handling and sharing of applicant flow data.
2. **Email your USA Staffing account manager with the following information about your agency's authorized official(s):**
 - a. The name of the authorized official designee(s) for your USA Staffing organization.
 - b. The USA Staffing organizations the Authorized Officials should have access to.
 - c. The authorized official's division or office name, phone number and email address.
 - d. Outfacing IP address of the computer the authorized official(s) will be using to connect to the Secure FTP server. This information will also be documented on the Rules of Behavior. To identify the outfacing IP address, please contact your helpdesk or IT office.

PART 3: COMPLETE THE SECURITY DOCUMENTS

Per Federal IT security regulations, agencies are required to complete the following documents prior to receiving the data files. **The MOU may best be completed by your agency's Information System Security Officer (ISSO) or Designated Security Officer (DSO) for your respective system.** The MOU establishes an understanding between your agency and USA Staffing's support/maintenance staff regarding the management, operation, and security of the applicant flow data files from the USA Staffing system. It protects the mutual interests of the OPM and your agency using OPM-provided applicant data and the interests of Federal applicants who voluntarily provide their background information during the job application process.

Your agency's authorized officials are required to complete the **Rules of Behavior** (see [Appendix A](#)). According to the Rules of Behavior, the agency and authorized official(s) agree to be accountable for protecting the applicant flow data from improper use and disclosure. The security documents should be completed in the following manner to help ensure they are finalized as quickly as possible:

1. **Return signed copies of the completed Rules of Behavior to your Account Manager.**
2. **Return the completed but unsigned Word version of the MOU to your USA Staffing Account Manager via email.** OPM's CIO office will then review your agency's completed MOU before it

is signed. Your USA Staffing Account Manager will inform you once the MOU has been reviewed and is ready to be signed or if there are changes or edits that need to be made prior to it being signed by your agency and OPM. This step helps ensure that there will only be one round of senior level review and signatures. The USA Staffing IT Security Team is available to meet with your agency's DSO or whoever is completing the MOU to discuss its content and answer any questions.

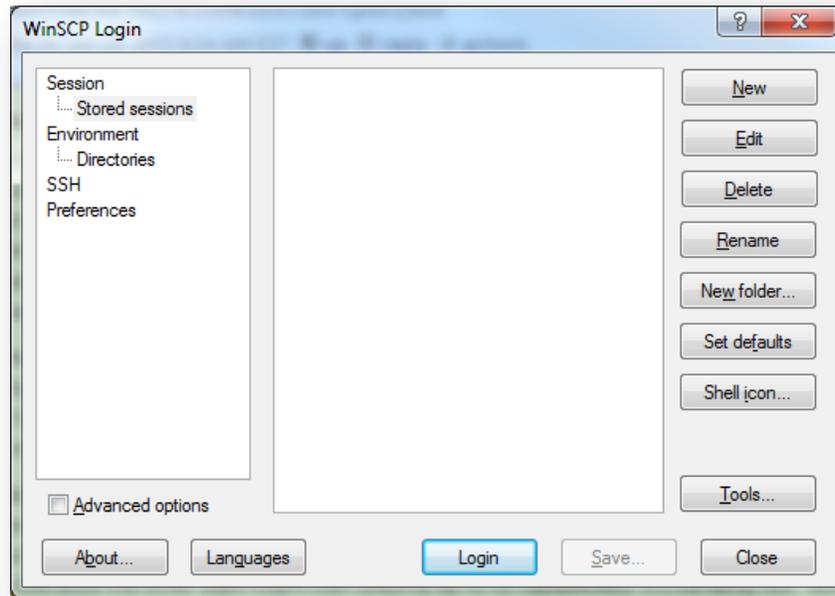
3. **Send a scanned PDF version of the signed MOU to your USA Staffing Account Manager via email.**
4. **Store a copy of the completed MOU and Rules of Behavior.** We will scan and email the completed MOU to the authorized official and USA Staffing POC for your agency's records. Both the MOU and Rules of Behavior documents must be signed and completed before your agency can begin retrieving applicant flow data files.

PART 4: ACCESSING AND RETRIEVING THE APPLICANT FLOW DATA FILES

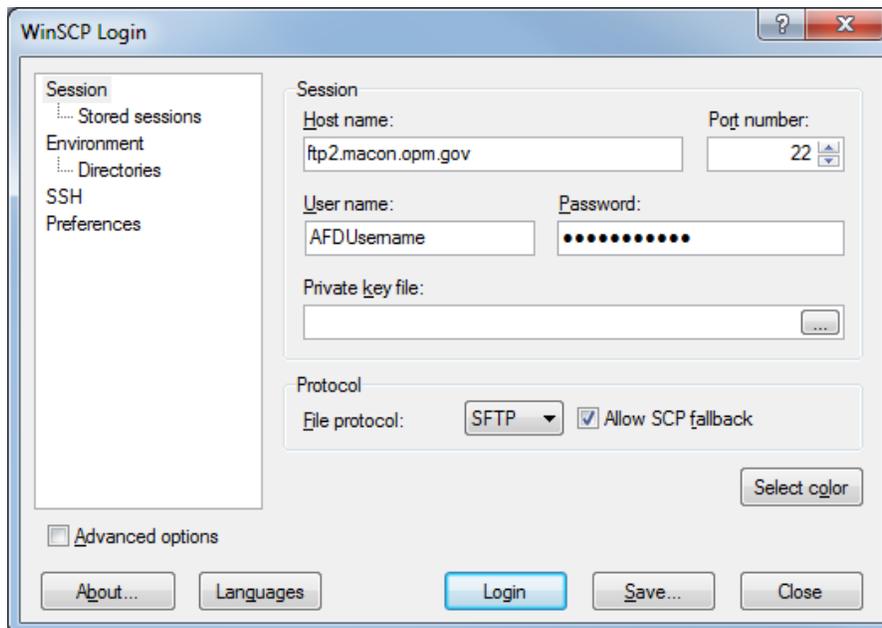
OPM will create personalized credentials for the authorized official(s) to retrieve the applicant flow data files through a secure FTP site. FTP stands for file transfer protocol, and is used to transfer files from one location to another, usually between servers or from a local machine to a server hosting a website. Secure FTP (SFTP) works in a similar manner to FTP, except that the files being transferred are encrypted, and therefore secured.

1. **Verify the Authorized Official has the software required to access the FTP site.** Your authorized official will need a software program such as WIN SCP installed on their PC to access the secure FTP site and retrieve the data files. Most agencies should have approved software already in use and approved by their CIO. We encourage you to contact your IT office to verify the necessary software is installed on the authorized official(s) PC while the MOU is being completed to avoid delays once the files are ready for download.
2. **Receive user ID and password.** The AO will receive a user ID in one email and a password in a second email once both are created.
3. **Download both data files from FTP site.** The data files will be scheduled to run on a quarterly and monthly basis. The *Quarterly by Vacancy* data files will be made available within 7 - 10 business days after the first business day for the quarter. The *Monthly by Certificate* data files will be made available 5 - 10 business days after the first of the month.
4. **Accessing the FTP site.** A software program for accessing the FTP is required. The instructions depicted below use WinSCP. Agencies may standardize on other programs. For example, two others are FileZilla (free) at <http://filezilla-project.org/index.php> and Tectia (licensed) at <http://www.ssh.com/index.php/products/tectia-ssh-client.html>

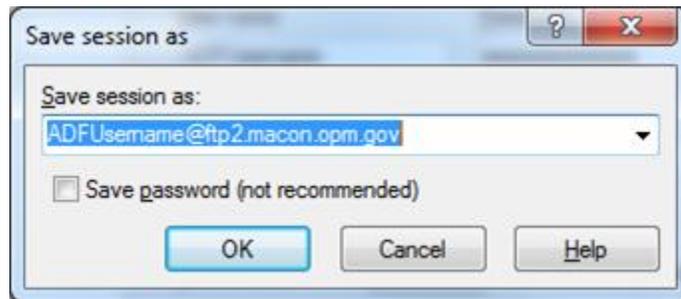
- a. Click New



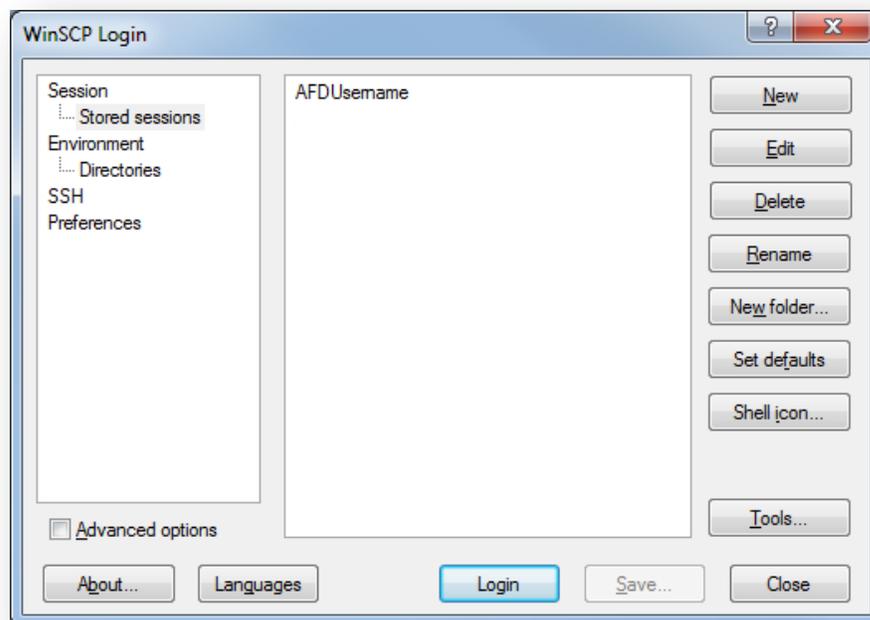
- b. Enter the required information as shown.



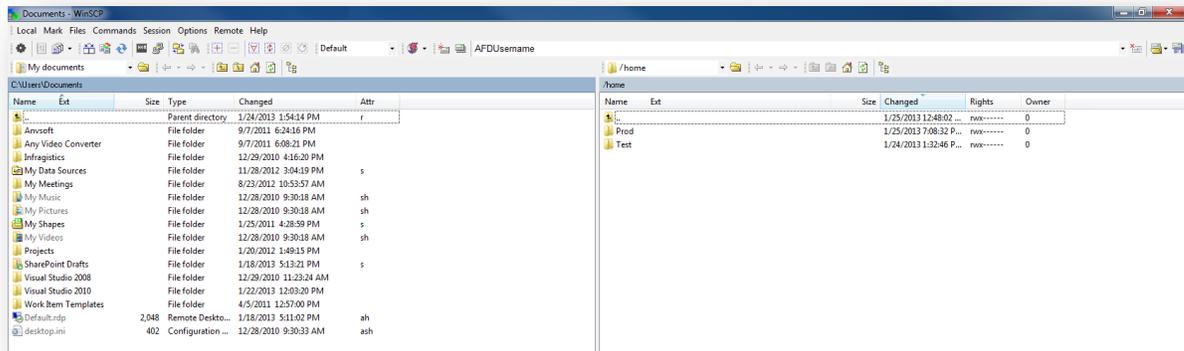
- c. You may save your login if you choose to make subsequent logins easier. While you may also save your password, this is not recommended.



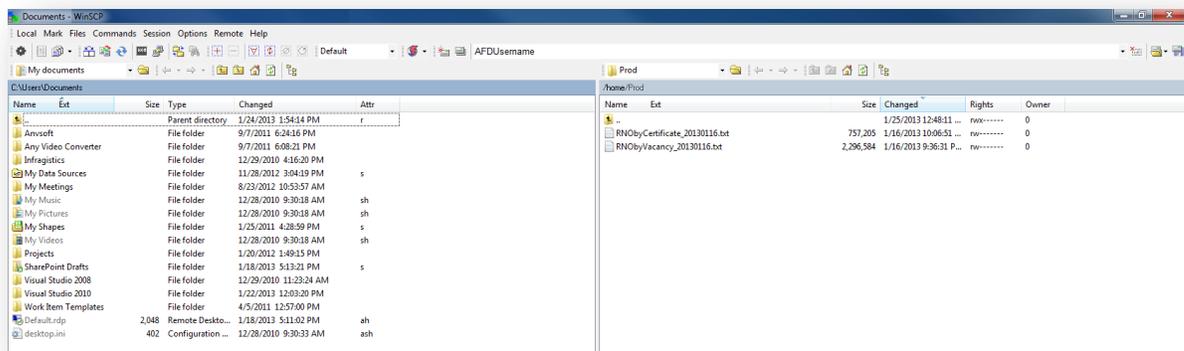
- d. If you do save your profile, WinSCP will display your username the next time you open it.



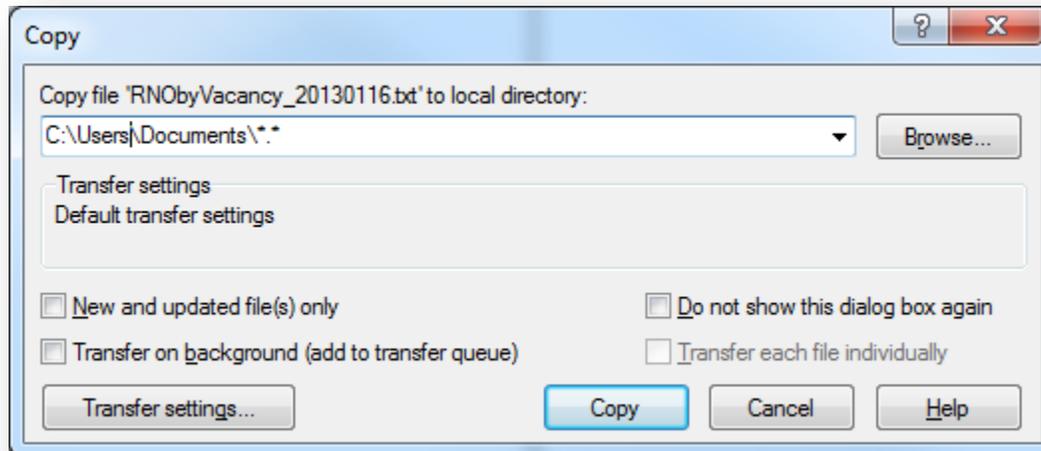
- After logging in, you see the directory structure. Click on the home directory (left side) and the home directory is displayed on the right side. Click on the home directory and the Prod and Test directories will display on the right side.



- When you click on Prod the Monthly and Quarterly files will be listed, along with the file size, and the date the file was changed.



7. Choose the location where you want the files to go on the left pane (currently showing Documents of the logged in user to their PC), and then drag and drop the files from the right pane to the left pane.



8. Right click on the report and choose 'Copy.' Select the destination for the file and click 'Copy.'
9. Exit WinSCP after downloading
10. Delete files from FTP site. Delete the data files from the secure FTP site once they have been retrieved.
11. Open files on PC. The files will be in the text file format (.txt). They can be imported to Excel or any other data analysis tool of your choice.

PART 5: RENEWAL OF MOU OR CHANGE IN AUTHORIZED OFFICIAL

The MOU is renewed on a 3-year cycle. The Rules of Behavior is renewed with the authorized officials before the beginning of each FY. The USA Staffing Program Office will send the MOU and Rules of Behavior documents to your USA Staffing agency POC 120 days prior to the renewal period for completion. The Rules of Behavior must also be completed if there is a change to your agency's designated authorized official. To request a change to your authorized official, contact your USA Staffing Account Manager

If you have any questions regarding these procedures, please contact your USA Staffing Account Manager or Priyanka Patel at Priyanka.Patel@opm.gov.

APPENDIX A: RULES OF BEHAVIOR

ROLES AND RESPONSIBILITIES

OPM Responsibilities:

1. OPM will provide the authorized official from the customer organization with credentials to the secure FTP site.
2. OPM will place the quarterly and monthly data files on the secure FTP site upon request by the customer. The data files do not include PII.
3. OPM retains control over the secure FTP site and the data contained therein.

Customer Organization Responsibilities:

1. The customer organization will provide an authorized official that will serve as the point of contact with OPM. The authorized official will be provided with access to the applicant flow data files through a secure FTP site.
2. The customer organization will identify an authorized official that who will receive the data.
3. The customer organization will notify their USA Staffing Account Manager and OD&I immediately if their authorized official changes and submit an updated MOU.
4. The authorized official must be outside the organization responsible for the staffing process.
5. The authorized official may not share their credentials for accessing the FTP site with any other person. Only authorized users may retrieve or handle the customer organization's applicant flow data files from the secure FTP site.
6. The customer organization is prohibited from assigning rights or delegating access to the FTP site data to other persons not authorized by OPM.
7. The applicant flow data materials in the possession of the customer organization must be handled and stored in a manner that prevents unauthorized persons from having access to it.
8. The customer organization will maintain this Rules of Behavior renew it annually.
9. The customer organization will establish protocols to ensure that the applicant flow data files (or their contents) are not shared with any staffing personnel or selection officials with active staffing actions who are directly involved in the staffing process to mitigate the risk of the data affecting staffing decisions.
10. The customer organization will keep the applicant flow data completely separate from any applications as they proceed through the hiring process at their organization.
11. Every authorized official must read and agree to the following rules before accessing any applicant flow data files.

RULES OF BEHAVIOR:

1. I acknowledge that I have access to download Confidential Unclassified Information (CUI) about applicants.
2. I acknowledge my responsibility to ensure applicant flow data files are not shared with any staffing personnel at my organization and to mitigate any risk of the data being used to affect staffing decisions.

3. I acknowledge my responsibility that use of this data will be consistent with the 'Purpose and Routine Uses' language provided to applicants in the USAJOBS Demographic profile
4. I acknowledge my responsibility that this data shall not be used for:
 - a. Influencing the decision to close or extend job announcements
 - b. Influencing the decision to cancel recruitment actions
 - c. Influencing the decision to use or not use a referral list of applicants
 - d. Influencing selection decisions
 - e. Identifying the race, ethnicity, or gender of specific named employees
5. I understand that this data can be used for:
 - a. Aggregate human capital reporting
 - b. Determining rates of demographic representation in recruitment efforts
 - c. Determining rates of demographic representation in hiring or merit promotion selections
 - d. Determining rates of qualifications among demographic groups
 - e. Evaluating the effectiveness of recruitment in reaching targeted demographic groups
6. I agree to these rules and the appropriate safeguarding of data.
7. I assume liability for misuse of data caused by sharing data with other recipients.
8. I acknowledge my responsibility to ensure the confidentiality, integrity, and availability applicant data in a manner consistent with its sensitivity.
9. By being granted access to Confidential Unclassified Information (CUI), I am obligated to protect this information from unauthorized disclosure.
10. I agree that my obligation to safeguard the confidentiality of Confidential Unclassified Information (CUI) information shall be in effect until a transfer of duties no longer requires access to this data or until termination of my employment.
11. I will obtain, use or disclose such data only in connection with the performance of my official duties solely for authorized purposes.
12. I will not disclose any data to other agencies or persons not expressly authorized to receive or have access to it. I will make any such authorized disclosures in accordance with established regulations and procedures.
13. I will encrypt any applicant data on any portable storage device, including laptops, PDAs, iPods, thumb drives, external hard drives, etc.
14. I will immediately report any security breach, password compromises, anomalies in system performance, or suspicious activities. I will ensure that security breaches are reported to a Federal incident response center, US-CERT8, located within the Department of Homeland Security.
15. I will protect my passwords and authentication tokens from disclosure and loss at all times. I will employ passwords in accordance with USA Staffing's password policy.
16. Under this agreement, on behalf of my agency, I accept responsibility for carrying out its terms and conditions. I further agree that all necessary administrative steps will be taken to assure that persons who have access to this data will be informed of this agreement and will be required to comply with it.

I acknowledge receipt of, understand my responsibilities, and will comply with the guidance in this document, *Rules of Behavior USA Staffing Applicant Flow Data*.

APPENDIX B: FIELDS INCLUDED IN APPLICANT FLOW DATA FILES

Quarterly by Vacancy

For each applicant record included in the file:

Column Name	DATA TYPE (LENGTH)	Description
Office Name	VARCHAR2(50)	Office Name
Customer Name	VARCHAR2(50)	Customer Name from the latest announcement
Vacancy ID	NUMBER	Vacancy ID
Close Date	DATE	Close Date of latest announcement (if multiple exist)
Position Title	VARCHAR2(100)	Position Title
Pay Plan	VARCHAR2(50)	Pay Plan
Series	VARCHAR2(4000)	Series. If multiple were used, separate with ' '. Example 2210 343 201
Grade	VARCHAR2(4000)	Grade Levels. If multiple were used, separate with ' '. Example 09 11 12.
Grade Potential	CHAR(2)	Display if promotion potential was used. Otherwise, just use top grade from 'Grade' field.
Status	VARCHAR2(300)	Vacancy Status. This file will only include 'Completed-Selections Made' and 'Completed-No Selections Made'
Date Entered Status	DATE	Date that the vacancy moved to the 'Completed' status. This date will be used to determine if the vacancy falls into the reporting range. Note: Both 'Completed' statuses are determined by when all certificates are audited, so a 'Date Entered Status' is really the date when the last open certificate was audited.
Open to Public?	CHAR(1)	Competitive = Y
Open M/P?	CHAR(1)	Open M/P = Y
Internal M/P?	CHAR(1)	Internal M/P = Y
AgencyCode	VARCHAR2(4)	CPDF Code associated with the Customer.
Total Applications	NUMBER	Total applicant count for VacancyID. This includes all applicants not in Pending status, regardless of if they submitted demographic data or their current record status code.
Total Volunteered RNO	NUMBER	Total number of applicants that provided demographic information. This includes all applicants not in Pending status.
Gender	VARCHAR2(10)	M or F from applicant's demographic record. If no field is provided, present 'NP'
Hispanic?	CHAR(2)	Y or N – from applicant's demographic record. If no

		field is provided, present 'NP'
Native?	CHAR(2)	Y or N – from applicant's demographic record
Asian?	CHAR(2)	Y or N – from applicant's demographic record
Black?	CHAR(2)	Y or N – from applicant's demographic record
Hawaiian?	CHAR(2)	Y or N – from applicant's demographic record
White?	CHAR(2)	Y or N – from applicant's demographic record
ClaimedVetPreference?	VARCHAR2(3)	Application Claimed Veteran's Preference
AdjVetPreference?	VARCHAR2(3)	Application Adjudicated Veteran's Preference
Qualified?	VARCHAR2(10)	Y if applicant has an eligible record status code, N for ineligible code
Referred?	VARCHAR2(10)	Y if the applicant has 'Qualified?=Y' and referred on at least one certificate, N if the applicant has 'Qualified?=Y' and was not referred on a certificate, N/A if the applicant has a 'Qualified? = N'
SeriesSpecGrade	VARCHAR2(4000)	Series, SpecialtyCode and Grade the applicant applied to. Series, specialty and grade delimited by ' '. Groups of SeriesSpecGrade values separated by ';'. Example 0301 001 12; 0301 001 11
Selected?	CHAR(1)	Y if the applicant was audited as 'Hired'
Disability	VARCHAR2(4000)	Disability codes from the applicant's demographic record. See enumerated list of all disability codes below. Delimited by ' '. Example 01 03 10 13

Monthly by Certificate

For each applicant record included in the file:

Column Name	DATA TYPE (LENGTH)	Description
Office Name	VARCHAR2(50)	Office Name
Customer Name	VARCHAR2(50)	Customer Name from Request linked to certificate
Vacancy ID	NUMBER	Vacancy ID
Close Date	DATE	Close Date of latest announcement (if multiple exist)
Certificate ID	VARCHAR2(25)	Certificate Name
Certificate Type	VARCHAR2(300)	Certificate Type
Audit Date	DATE	Date when certificate was audited (marked complete)
Position Title	VARCHAR2(100)	Position Title
Pay Plan	VARCHAR2(50)	Pay Plan of certificate
Series	VARCHAR2(4000)	Series of certificate. If multiple were used, each series is separated by a comma. Example 2210,343,201
Grade	VARCHAR2(4000)	Grade Level of certificate.
Grade Potential	CHAR(2)	If promotion potential was used. Otherwise, just use top grade from 'Grade' field.
Locations	VARCHAR2(4000)	Locations used for the certificate
Open to Public?	CHAR(1)	Competitive = Y
Open M/P?	CHAR(1)	Open M/P = Y
Internal M/P?	CHAR(1)	Internal M/P = Y
Total Applications in Pool	NUMBER	Total number of applicants (regardless of providing demographic information) for that specialty/grade/location selection.
Total Number Referred	NUMBER	Total number of applicants (regardless of providing demographic information) that were referred for the certificate, based on the specialty/grade/location selection.
Total RNO Referred	NUMBER	Total number of applicants that provided demographic information and were referred on the certificate. This includes all applicants not in Pending status.
AgencyCode	VARCHAR2(4)	CPDF Code associated with the Customer.
Gender	VARCHAR2(10)	M or F from applicant's demographic record. If no field is provided, present 'NP'
Hispanic?	CHAR(2)	Y or N – from applicant's demographic record. If no field is provided, present 'NP'
Native?	CHAR(2)	Y or N – from applicant's demographic record

Asian?	CHAR(2)	Y or N – from applicant’s demographic record
Black?	CHAR(2)	Y or N – from applicant’s demographic record
Hawaiian?	CHAR(2)	Y or N – from applicant’s demographic record
White?	CHAR(2)	Y or N – from applicant’s demographic record
ClaimedVetPreference?	VARCHAR2(3)	If Referred, use Referred Claimed vet Preference. Otherwise, use Application Claimed vet Preference.
AdjVetPreference?	VARCHAR2(3)	If Referred, use Referred Adjudicated vet Preference. Otherwise, use Application Adjudicated vet Preference.
Qualified?	VARCHAR2(10)	Y if applicant has an eligible record status code, N for ineligible code
Referred?	VARCHAR2(10)	Y if the applicant has ‘Qualified?=Y’ and referred on at least one certificate, N if the applicant has ‘Qualified?=Y’ and was not referred on a certificate, N/A if the applicant has a ‘Qualified? = N’
Selected?	CHAR(1)	Y if the applicant was audited as ‘Hired’
SeriesSpecGrade	VARCHAR2(4000)	Series, Specialty Code and Grade the applicant applied to. Series, specialty and grade delimited by ‘ ’. Groups of SeriesSpecGrade values separated by ‘;’. Example 0301 001 12; 0301 001 11
Disability	VARCHAR2(4000)	Disability codes from the applicant’s demographic record. See enumerated list of all disability codes below. Delimited by ‘ ’. Example 01 03 10 13

Enumerated List of Disability Codes

01 Deaf or serious difficulty hearing
02 Blind or serious difficulty seeing even when wearing glasses
03 Missing an arm, leg, hand, or foot
04 Paralysis: Partial or complete paralysis (any cause)
05 Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
06 Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
07 Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
08 Intellectual Disability (formerly described as mental retardation)
09 Developmental Disability: for example, cerebral palsy or autism spectrum disorder
10 Traumatic Brain Injury
11 Dwarfism
12 Epilepsy or other seizure disorder
13 Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment
14 Alcoholism
15 Cancer

16 Cardiovascular or heart disease
17 Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment
18 Depression, anxiety disorder, or other psychological disorder
19 Diabetes or other metabolic disease
20 Difficulty seeing even when wearing glasses
21 Hearing impairment
22 History of drug addiction (but not currently using illegal drugs)
23 HIV Infection/AIDS or other immune disorder
24 Kidney dysfunction: for example, requires dialysis
25 Learning disabilities or ADHD
26 Liver disease: for example, hepatitis or cirrhosis
27 Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
28 Morbid obesity
29 Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis
30 Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
31 Orthopedic impairments or osteo-arthritis
32 Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
33 Sickle cell anemia, hemophilia, or other blood disease
34 Speech impairment
35 Spinal abnormalities: for example, spina bifida or scoliosis
36 Thyroid dysfunction or other endocrine disorder
37 Other

USAJOBS collects disability and RNO data from the applicant on the demographic page in the seeker's profile. Please note that even though the "Disability/Serious Health Condition" section of the OMB, EEOC and OPM approved form (http://www.eeoc.gov/federal/upload/Applicant_Tracking_Form_2-19-2014-2.pdf) lists two sections and will be displayed as such on USAJOBS, only a single list of codes is passed to USA Staffing and the AFD files. Disability data was added to the AFD files effective July 19th, 2014.

APPENDIX C: IMAGE OF THE DEMOGRAPHIC QUESTIONS AS PRESENTED TO APPLICANTS ON USAJOBS

Home Search Jobs My Account Resource Center Welcome Brian | Sign out

USAJOBS
"WORKING FOR AMERICA"

Keywords: Location: Search

Advanced Search >

My Account Contact Information Hiring Eligibility Other Demographic Account Information

Profile **Please Note:** Fields with an (*) are required fields.

Resumes

Saved Searches

Inbox

Saved Jobs

Saved Documents

Application Status

YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

I wish to decline to respond to the demographic questions.

1. Sex:
 Male Female

2. Ethnicity:
 Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
 Not Hispanic or Latino

3. Race (Check all that apply):
 American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

1. Sex:
 Male Female

2. Ethnicity:
 Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
 Not Hispanic or Latino

3. Race (Check all that apply):
 American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
 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, or Vietnam.
 Black or African American - a person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
 White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

4. Disability/Serious Health Condition:

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

A. Do you have any of the following? Check all boxes that apply to you:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment

If you did not select one of the options above, please indicate whether:

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

If you have indicated that you have one of the above conditions, you may be eligible to apply under Schedule A Hiring Authority. For more information, please see <http://www.opm.gov/policy-data-oversight/disability-employment/hiring/#url=Schedule-A-Hiring-Authority>

A.1. Other Disability or Serious Health Condition (Optional)

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease
- Difficulty seeing even when wearing glasses
- Hearing impairment
- History of drug addiction (but not currently using illegal drugs)
- HIV Infection/AIDS or other immune disorder
- Kidney dysfunction: for example, requires dialysis
- Learning disabilities or ADHD
- Liver disease: for example, hepatitis or cirrhosis
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis
- Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
- Orthopedic impairments or osteo-arthritis
- Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
- Sickle cell anemia, hemophilia, or other blood disease
- Speech impairment
- Spinal abnormalities: for example, spina bifida or scoliosis
- Thyroid dysfunction or other endocrine disorder
- Other

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APPENDIX D: DEMOGRAPHIC INFORMATION ON APPLICANTS FORM

USAJOBS collects demographic information from applicants based on the following OMB, EEOC and OPM approved form. The form is also accessible online:

http://www.eeoc.gov/federal/upload/Applicant_Tracking_Form_2-19-2014-2.pdf

DEMOGRAPHIC INFORMATION ON APPLICANTS

OMB No.: 3046-0046

Expiration Date: 02/17/2017

Vacancy Announcement No.:
Position Title:

YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

1. How did you learn about this position? (Check One):

- Agency Internet Site recruitment
- Private Employment Web Site
- Other Internet Site
- Job Fair
- Newspaper or magazine
- Agency or other Federal government on campus
- School or college counselor or other official
- Friend or relative working for this agency
- Private Employment Office
- Agency Human Resources Department (bulletin board or other announcement)
- Federal, State, or Local Job Information Center
- Other

2. Sex (Check One):

- Male**
- Female**

3. Ethnicity (Check One):

- Hispanic or Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

4. Race (Check all that apply):

- American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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, or Vietnam.
- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

5. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

A. Do you have any of the following? Check all boxes that apply to you:

- Deaf or serious difficulty hearing**
- Blind or serious difficulty seeing even when wearing glasses**
- Missing an arm, leg, hand, or foot**
- Paralysis: Partial or complete paralysis (any cause)**
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders**
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk**
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression**
- Intellectual Disability (formerly described as mental retardation)**
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder**

- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment

If you did not select one of the options above, please indicate whether.

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

If you have indicated that you have one of the above conditions, you may be eligible to apply under Schedule A Hiring Authority. For more information, please see <http://www.opm.gov/policy-data-oversight/disability-employment/hiring/#url=Schedule-A-Hiring-Authority>.

If an applicant checks the box for “other disability or serious health condition,” the applicant will be taken to Section A.1.

A.1. Other Disability or Serious Health Condition (Optional)

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn’s disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease
- Difficulty seeing even when wearing glasses
- Hearing impairment
- History of drug addiction (but not currently using illegal drugs)
- HIV Infection/AIDS or other immune disorder
- Kidney dysfunction: for example, requires dialysis
- Learning disabilities or ADHD
- Liver disease: for example, hepatitis or cirrhosis
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder: for example, migraine headaches, Parkinson’s disease, or multiple sclerosis
- Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
- Orthopedic impairments or osteo-arthritis

- Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB**
- Sickle cell anemia, hemophilia, or other blood disease**
- Speech impairment**
- Spinal abnormalities: for example, spina bifida or scoliosis**
- Thyroid dysfunction or other endocrine disorder**
- Other. Please identify the disability/health condition, if willing: _____**

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

Purpose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are