DOE F 1600.7
(02-94)

OMB Control No.
1910-0600

U.S. Department of Energy

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 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 this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5 of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex Male ☐	Female ☐

SECTION A. DISABILITY STATUS ☐☐

A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

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.

Printed on recycled paper

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).

06. I have a disability, but it is not listed above. Describe: _____

_____

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. **NOTE: Please mark only ONE box.**

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 India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.
C. Black, not of Hispanic origin	☐	A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
D. Hispanic	☐	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This 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. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins.
F. Other	☐	A person not included in the above categories.