

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND GENDER IDENTIFICATION
(Please read the instructions and Privacy Act Statement before completing this form)

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 of the U.S. Code; and Section 791 of Title 29 of the U.S. Code.

1. Vacancy Announcement Number

2. Position Title, Series, Grade

3. Name *(Last, First, Middle Initial)*

4. Gender Male Female

5. 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.

01. I do not wish to identify my handicap status.

05. I do not have a disability

SPEECH/HEARING/VISION IMPAIRMENTS

13. Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"]).

15. Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid).

16. Total deafness in both ears, with understandable speech.

17. Total deafness in both ears, and unable to speak clearly.

22. Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected – "Tunnel vision").

23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting devices such as glass or projector modifier).

24. Blind in one eye

25. Blind in both eyes (no usable vision, may have some light perception)

MISSING EXTREMITIES

27. One hand

28. One arm

29. One foot

32. One leg

33. Both hands or arms

34. Both feet or legs

35. One hand or arm and one foot or leg

36. One hand or arm and both feet or legs

37. Both hands or arms and one foot or leg

38. Missing both hands or arms and both feet or legs.

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS *(Because of chronic pain, stillness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)*

44. One or both hands

45. One or both feet

46. One or both arms

47. one or both legs

48. Hip or pelvis

49. Back

57. Any combination of two or more parts of the body

PARTIAL PARALYSIS *(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)*

61. One hand

62. One arm, any part

63. One leg, any part

64. Both hands

65. Both legs, any part

66. Both arms, any part

67. One side of the body, including one arm and one leg.

68. Three or more major parts of the body (arms and legs)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION

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6. COMPLETE PARALYSIS (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- 70. One hand 71. Both hands 72. One arm 73. Both arms
- 74. One leg 75. Both legs 76. Lower half of body, including legs
- 77. One side of body, including one arm and one leg
- 78. Three or more major parts of body (arms and legs)

OTHER IMPAIRMENTS

- 80. Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery.)
 - 81. Heart disease with restriction or limitation of activity
 - 82. Convulsive disorder (e.g. epilepsy)
 - 83. Blood disease (e.g. sickle cell anemia, leukemia, hemophilia)
 - 84. Diabetes
 - 86. Pulmonary or respiratory disorders (e.g. tuberculosis, emphysema, asthma)
 - 87. Kidney dysfunctioning (e.g. if dialysis [Use of an artificial kidney machine is required])
 - 88. Cancer (a history of cancer with complete recovery)
 - 82. Cancer (undergoing surgical and/or medical treatment)
 - 90. Mental retardation (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 under section 213.3102(t) of Schedule A.)
 - 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)
 - 93. Disfigurement of face, hands, or feet (e.g. distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]
 - 94. Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language Or concepts [spoken or written]; e.g. dyslexia.)
07. I have a disability, but it is not listed above: Describe below:

SECTION B. ETHNICITY AND RACE IDENTIFICATION: Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box(s). Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.