DEMOGRAPHIC INFORMATION

OMB No.: 3084-0047
Expiration Date: 10/31/2008

YOUR PRIVACY IS PROTECTED

This information is needed to determine if our recruitment efforts are reaching all segments of the country, as required by Federal law. This is vital information not available from any other source. We can only get it directly from you. 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 the public. This form will be destroyed after the position is filled. The only information associated with your name in our computer system is whether you have returned the completed form, so that we may follow up if no response has been received. 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. Thank you for helping us provide better service.

How did you learn about this position?

1. ❑ Agency Internet Site
2. ❑ Internet
3. ❑ Job Fair
4. ❑ Magazine
5. ❑ Newspaper
6. ❑ Professional organization or publication
7. ❑ Student association
8. ❑ Poster
9. ❑ Private Employment Office
10. ❑ State Employment Office
11. ❑ Federal, state, or local Job Information Center
12. ❑ Agency Human Resources Department (bulletin board or other announcement)
13. ❑ Agency or other Federal government on campus recruitment
14. ❑ Religious organization
15. ❑ School or college counselor or other official
16. ❑ Friend or relative working for this agency
17. ❑ Other

2. Ethnicity:

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

3. Race

Check all that apply

1. ❑ A - American Indian or Alaska Native - a person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
2. ❑ B - 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.
3. ❑ C - Black or African American - a person having origins in any of the black racial groups of Africa.
4. ❑ G - Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
5. ❑ E - White - a person having origins in any of the original peoples of Europe, the Middle East, or North America.

4. Gender

1. ○ M - Male
2. ○ F - Female

5. Do you have any physical or mental disabilities?

1. ○ Yes
2. ○ No

If yes, do you have a targeted disability?

Check all that apply

1. ❑ Deaf
2. ❑ Blind
3. ❑ Missing extremities
4. ❑ Partial paralysis
5. ❑ Complete paralysis
6. ❑ Convulsive disorder
7. ❑ Mental retardation
8. ❑ Mental or emotional illness
9. ❑ Severe distortion of limbs and/or spine
10. ❑ I have a disability, but it is not listed.

PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT

Privacy Act Information: 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. The authority is Title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201. **Purpose and Routine Uses:** This form will only be seen by FTC HR 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 can not 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 Statement:** 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to the Federal Trade Commission, Equal Employment Opportunity, 600 Pennsylvania Avenue, NW, Washington, DC 20580; and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.