

Smithsonian Institution
APPLICANT SURVEY FORM

The **Applicant Survey Form** is used to collect information from candidates during the search process to evaluate the effectiveness of the Institution's search and recruitment efforts. Please print all responses. **The information provided is not a part of the selection process and will be used for statistical purposes only. Your voluntary responses will have no effect on your consideration.**

Vacancy Announcement Number: _____

First Name													
Last Name													

Year of Birth: 19____ **Gender:** Male ____ Female ____

How did you learn about this position? Mark all sources that apply.

1	Mass media (magazines, newspaper, radio, television, poster, telephone job line)
2	Individual (friend, relative, Smithsonian employee, school or college counselor or official)
3	Information technology (Internet, World Wide Web, or SI Web site)
4	Association or organization (professional, community, religious)
5	Other (please indicate)

Self-identification by category: (Circle your responses.)

Ethnicity: 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

Race: (Mark all that apply.)

1	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. Tribal Affiliation: _____
2	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	Black or African American	A person having origins in any of the black racial groups of Africa.
4	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
5	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

Do you have any disabilities? Yes No

If yes, do you have a targeted disability? (Mark only one.)

1	Deaf	4	Partial paralysis	7	Mental retardation
2	Blind	5	Complete paralysis	8	Mental or emotional illness
3	Missing extremities	6	Convulsive disorder	9	Severe distortion of limbs and/or spine