

Recruitment/Outreach Data Collection

First Name	Last Name	Email
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What University/College do you attend (<i>if any</i>)?	Interested in more information about?
<input type="checkbox"/> Job opportunities (<i>seniors/graduate students</i>)	<input type="checkbox"/> Internships (<i>juniors and below</i>)

What positions would you like to receive more information about?

<input type="checkbox"/> Special Agent	<input type="checkbox"/> Industry Operations Investigator (<i>IOI</i>)	<input type="checkbox"/> Information Research Specialist (<i>IRS</i>)
<input type="checkbox"/> Forensic Positions such as Electrical and Fire Research Engineers, Fingerprint Specialists and Forensic Auditors	<input type="checkbox"/> Attorney	
<input type="checkbox"/> Other _____	<input type="checkbox"/> All	

Additional Remarks/Feedback/Suggestions for ATF on Recruitment or Outreach Efforts

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The next two questions deal with Race, Ethnicity (*check box*)

Ethnicity	Race (<i>check as many as apply</i>)
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

Self-Identification of Disability

As a federal government agency, ATF is committed to promoting equal employment opportunities for individuals with disabilities. To help us comply with the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in federal government programs and activities, we ask that you voluntarily self-identify if you have a disability.

The Rehabilitation Act of 1973, as amended, 29 U.S.C. § 701, an individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment, Major life activities include functions such as caring for oneself, performing manual tasks, walking seeing, hearing, speaking, breathing, learning, and working.

Providing this information is voluntary and will be kept confidential in accordance with applicable laws and regulations. Refusal to provide this information will not result in any adverse action or penalty. If you choose to disclose a disability, this information will only be used in accordance with applicable law and to provide reasonable accommodations if needed.

Please indicate if you have a disability by checking the box below:

Yes, I have a disability (*Please provide details below*)

No, I do not have a disability

Definition of Category

Ethnicity refers to a person's heritage. Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

Race - one or more of the following responses must be selected: (1) 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 an affiliation or community attachment; (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, and Vietnam; (3) Black or African American - A person having origins in any of the Black racial groups of Africa; (4) Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands; and/or (5) White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Select the closest representation for any other race or ethnicity that does not fall within those indicated.

Privacy Act Statement

The information collected on this form is authorized by the Privacy Act of 1974 (PA), 5 U.S.C. § 552a, the Paperwork Reduction Act of 1995, 44 U.S.C. § 3501, Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000, the EEO's Management Directive 715 and the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 701. This information is being collected for recruitment and outreach purposes, and to comply with federal equal employment opportunity (EEO) reporting requirements.

Under the PA, ATF is required to inform you of the purpose and use of the information that we are collecting, as well as the authority for collecting it. The information that you provide will be used for the recruitment/outreach program at ATF and may be used to inform our decisions regarding employment, outreach activities, and other recruitment efforts. The information that you provide may also be used for research and statistical purposes but your responses will be kept confidential and will not be used to identify you or any other individual.

The information that you provide is voluntary. However, if you choose not to provide the requested information, ATF may not be able to fully accomplish the purposes of the survey. You are not required to provide any personal information, and any personal information that you do provide will be kept confidential in accordance with the PA and other applicable laws and regulations.

ATF may share the information that you provide with third-party contractors and organizations that perform recruitment/outreach activities on behalf of the ATF, but only for the purposes of carrying out the recruitment/outreach program. The information that you provide may also be subject to release under the Freedom of Information Act (FOIA) in response to a request from a member of the public, unless the information is exempt from disclosure under FOIA.

By providing your information on this form, you consent to the collection, use, and disclosure of your information as described above. Your information will be retained for as long as necessary to achieve the purposes for which it was collected or as required by law.

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