

PERSONAL INFORMATION SHEET

Complete, detach and return this form along with your application.

Position Title: _____ Announcement No.: _____

Name: _____ Social Security Number: _____
(Last, First, Middle Initial)

Are you a citizen of the United States? _____ (yes/no).
If not a U.S. citizen, what is your country of citizenship? _____

Are you related to a current SEC employee? _____ (yes/no).
If yes, who is the employee to whom you are related? _____

PRIVACY ACT INFORMATION. Providing this information is voluntary. If you decide not to complete and return this form, it will not affect your consideration or selection for Federal employment. The information will be used to assess recruitment activities and will be maintained in a manner so individuals may not be identified by name. *Please identify the categories that best describe you. Write your answers in A, B and C.*

A. ()

- | | |
|---------------------------------------|--------------|
| 1 - American Indian or Alaskan Native | 4 - White |
| 2 - Asian or Pacific Islander | 5 - Hispanic |
| 3 - Black (African American) | |

B. ()

- | | |
|----------|------------|
| 1 - Male | 2 - Female |
|----------|------------|

C. ()

- | | |
|--|---------------------------------------|
| 05 - I do not have a disability | 71 - Complete paralysis |
| 06 - I have a disability, however it is not listed | 82 - Convulsive disorder |
| 16 - Deaf | 90 - Mental retardation |
| 23 - Blind (one or both eyes) | 91 - Mental or emotional illness |
| 64 - Partial paralysis | 92 - Distortion of limbs and/or spine |

How did you learn about the position - Washington Post newspaper, radio, OPM website- USAJOBS, internet, SEC hotline, etc.? _____

