

## Race and National Origin Identification

(Please read the instructions and Privacy Act Statement before completing form.)

### Agency Use Only

Name <i>(Last)</i>	<i>(First)</i>	<i>(Middle Initial)</i>	Birth Date <i>(Month and Year)</i>
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### Specific Instructions

The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself.

Social Security Number:	Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>
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Name of Category <i>(Mark ONE or more)</i>	Definition of Category
American Indian or Alaska Native <input type="checkbox"/>	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.
Asian <input type="checkbox"/>	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American <input type="checkbox"/>	A person having origins in any of the black racial groups of Africa.
Hispanic or Latino <input type="checkbox"/>	A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White, not of Hispanic origin <input type="checkbox"/>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Ethnicity	
Hispanic or Latino <input type="checkbox"/>	A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
Not Hispanic or Latino <input type="checkbox"/>	

### **Privacy Act Information**

You are requested to furnish this information under the authority of 42 U.S.C. §2000e - 16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "RACE AND ETHNIC STANDARDS FOR FEDERAL STATISTICS AND ADMINISTRATIVE REPORTING."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide this information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

### **Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to maintain Race and National Origin data on all employees and new hires to meet diversity/EEO goals and as a component of a tracking system to ensure that personnel practices meet the requirements of Federal law. The information requested is voluntary.

The estimated average burden associated with this collection of information is 3 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

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.