**Information About You**

Many workers are being asked to complete this survey. Your answers to these questions will help us know that workers with differing amounts of experience and different backgrounds are included.

Please read each question carefully and mark your answer by putting an **X** in the box beside your answer, or by writing an answer on the line provided.

**1. What is the title of your current job?** (PLEASE PRINT)

**2. For how long have you worked at this job?** (Mark one box)

Ten years or more

At least 6 years, but less than 10 years

At least 3 years, but less than 6 years

At least 1 year, but less than 3 years

At least 3 months, but less than 12 months

At least 1 month, but less than 3 months

Less than 1 month

**3. In your current job, are you employed by** (Mark one box)

Government

Private for-profit company

Nonprofit organization including tax exempt

and charitable organizations

Self-employed

Family business

**4. If you are working in the family business, is this business incorporated?**

Yes

No

Not working in a family business

**5. In what year were you born?**  \_\_\_\_\_\_\_\_\_\_\_\_

**6. Are you male or female?** (Mark one box)

Male

Female

**7. Are you Hispanic or Latino?** (Mark one box)

Yes

No

**8. What is your race?** (Mark one or more boxes)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**9. Indicate the highest level of education that you have completed** (please check only one box):

**Less than a High School Diploma**

**High School Diploma** – or the equivalent (for example, GED)

**Post-Secondary Certificate** - awarded for training completed after high school (for example, in agriculture or natural resources, computer services, personal or culinary services, engineering technologies, healthcare, construction trades, mechanic and repair technologies, or precision production)

**Some College Courses**

**Associate's Degree** (or other 2-year degree)

**Bachelor's Degree**

**Post-Baccalaureate Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Baccalaureate degree but do not meet the requirements of academic degrees carrying the title of Master.

**Master's Degree**

**Post-Master's Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Master's degree but do not meet the requirements of academic degrees at the doctoral level.

**First Professional Degree** - awarded for completion of a program that

* requires at least 2 years of college work before entrance into the program,
* includes a total of at least 6 academic years of work to complete, and
* provides all remaining academic requirements to begin practice in a profession.

**Doctoral Degree**

**Post-Doctoral Training**

Yes No

**10. Are you deaf or do you have serious difficulty hearing?** .........

**11.** **Are you blind or do you have serious difficulty seeing even**

**when wearing glasses?** ...............................................................

**12a. Because of a physical, mental, or emotional condition,**

**do you have serious difficulty concentrating, remembering,**

**or making decisions?** .................................................................

**b.** **Do you have serious difficulty walking or climbing stairs?** .....

**c.** **Do you have difficulty dressing or bathing?** .............................

**13. Because of a physical, mental, or emotional condition,**

**do you have difficulty doing errands alone such**

**as visiting a doctor’s office or shopping?** ................................

**Your Professional Certifications**

**1. Please write the names of job-related professional certifications that you have earned:**

**a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Apprenticeship Certificates**

**2. Please write the names of job-related apprenticeship programs that you have completed:**

**a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Association Memberships**

Finally, we would like to know about the professional associations to which you belong.

1. **Are you currently a member of the following job-related association(s)?**

**(Please respond for each association listed.)**

Association 1 Yes No (11111)

Association 2 Yes No (22222)

1. **Please write in the names of any job-related associations to which you belong that are not listed above.**

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_