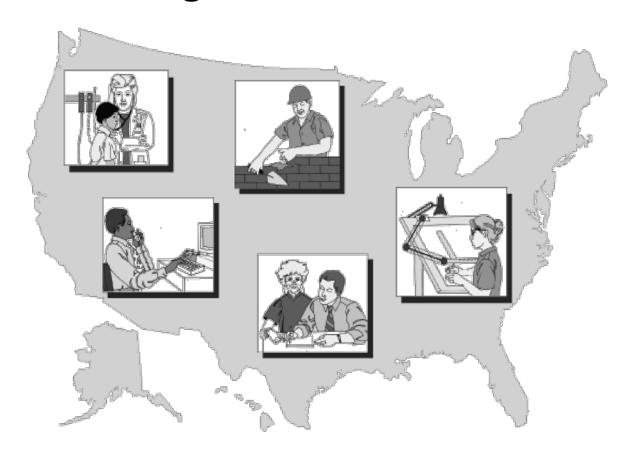
Form F R1 OMB#1205-0421 Expires: 9/30/2018 Ver. 1/2015

0= 1111 S= 2222 8=3333 QUESTIONNAIRE ID OCCUPATION TITLE Username: USERNAME Password: PASSWORD

[BARCODE]

Background Questionnaire





Please return your completed questionnaire in the enclosed envelope to: RTI Research Operations Center, 5265 Capital Blvd. Raleigh, NC 27616-2925 Sponsored by: The U.S. Department of Labor and the National O*NET Consortium

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements is voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Office of Workforce Investment, Attn: O*NET Project, Frances Perkins Building, Mail Stop C4526, 200 Constitution Ave., NW, Washington, DC 20210 (OMB Control Number 1205-0421).

Return to: Research Triangle Institute
Research Operations Center
ATTN: O*NET Data Receipt
5265 Capital Boulevard
Raleigh, NC 27616-2925

Background Information

Occupation Expert for: <Insert Occupation Title>

The goal of this project is to get accurate, up-to-date information on the occupation of <insert occupation title> from a diverse and representative set of experts in the field. Your answers to these questions will help us achieve this goal. Therefore, it is very important that you give accurate answers to these questions. Thank you for your assistance.

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. Please answer the following questions for the occupation of **<insert occupation title>.**

What is	s the title of your most recent job in this occupation? (Please print)
	most recent job in this occupation, were you employed part-time or ne? (Mark one box)
	Part-time
	Full-time
•	most recent job in this occupation, were you employed by one box) Government
	Private for-profit company
	Non-profit organization, including tax-exempt and charitable organizations
	Academic institution
	Self-employed
	Other (Please print)

4.	occupation, supervising workers in this occupation, and/or conducting training or teaching educational courses related to performing the work in this occupation? (Mark one box)		
		Ten years or more	
		At least 5 years, but less than 10 years	
		At least 3 years, but less than 5 years	
		At least 1 year, but less than 3 years	
		Less than 1 year	
		Never worked in this occupation in any capacity.	
5.	5. How much experience do you have <u>performing work</u> in this occupation? (Mark one box)		
		Ten years or more	
		At least 5 years, but less than 10 years	
		At least 3 years, but less than 5 years	
		At least 1 year, but less than 3 years	
		Less than 1 year	
		Never performed work in the occupation	
6.	When v	were you last employed in this occupation? (Mark one box)	
		Currently employed in this occupation	
		Within the last 6 months	
		At least 6 months ago, but less than 1 year	
		One year or more ago	
		Never employed in this occupation	

7. How much experience do you have <u>supervising</u> workers in this oc (Mark one box)		
		Ten years or more
		At least 5 years, but less than 10 years
		At least 3 years, but less than 5 years
		At least 1 year, but less than 3 years
		Less than 1 year
		Never supervised workers in this occupation
8.		were you <u>last a supervisor</u> of workers in this occupation? one box)
		Currently a supervisor of workers in this occupation
		Within the last 6 months
		At least 6 months ago, but less than 1 year
		One year or more ago
		Never supervised workers in this occupation
9.		uch experience do you have conducting training or teaching ional courses related to performing this occupation? (Mark one box)
		Ten years or more
		At least 5 years, but less than 10 years
		At least 3 years, but less than 5 years
		At least 1 year, but less than 3 years
		Less than 1 year
		Never served as a trainer/teacher for workers in this occupation

10.	When were you last <u>conducting training or teaching educational courses</u> related to performing this occupation? (Mark one box)		
		Currently employed as a trainer/teacher of workers in this occupation	
		Within the last six months	
		At least 6 months ago, but less than 1 year	
		One year or more ago	
		Never served as a trainer/teacher of workers in this occupation	
11.	1. Are you male or female? (Mark one box)		
		Male	
		Female	
12.	In wha	t year were you born?	
13.	Are you	u Hispanic or Latino? (Mark one box)	
		Yes	
		No	
14.	What is	s your race? (Mark one or more boxes)	
		American Indian or Alaska Native	
		Asian	
		Black or African American	
		Native Hawaiian or Other Pacific Islander	
		White	

15.	Indicate the highest level of education that you have completed (Mark 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	

16.	Are you deaf or do you have serious difficulty hearing?	Yes	<u>No</u>
17.	Are you blind or do you have serious difficulty seeing even when wearing glasses?		
18a.	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?		
19.	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

Please write the names of <u>job-related professional certifications</u> that you have earned:		
	a	
	b	
	c	
	d	
	e	
	Your Apprenticeship Certificates	
	Your Apprenticeship Certificates Please write the names of job-related apprenticeship programs that you have	
	Your Apprenticeship Certificates Please write the names of <u>job-related apprenticeship programs</u> that you have completed:	
	Your Apprenticeship Certificates Please write the names of job-related apprenticeship programs that you have completed: a	
	Your Apprenticeship Certificates Please write the names of job-related apprenticeship programs that you have completed: a	

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)	
2. Please write in the names of any job-rothat are not listed above:	elated associations to which you belong	
a		
b		
c		

Thank you so much for your participation in the O*NET Data Collection Program. We appreciate the time and effort you have taken to answer these questions.
Please make any comments about the survey or the O*NET Data Collection Program in general in the space below.