NAVY EXCHANGE EMPLOYMENT APPLICATION

PRIVACY ACT NOTICE
Authority: 5 USC 301, E.O. 9397, and Departmental Regulations.
Purpose(s): To collect information needed to determine qualifications, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, residence requirements and to contact you concerning availability for an interview. All or part of your completed NES127 employment application may be disclosed to:

- Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.
- Your college or university placement office.

Disclosure: Voluntary, however, failure to disclose requested information may result in your not receiving full consideration for a position in which this information is needed.

Name	Position Applied For	Announcement Number	Date

Social Security Number	Street Address	City

County	State	Zip Code	Home Phone ( )	Business Phone ( )	Mobile Phone (if available) ( )

Personal Email Address (if available)	Date Available to Start Work	Salary Desired

Interested in ☐ Full-time (35-40 Hrs) ☐ Part-time (20-34 Hrs) ☐ Flex (0-40 Hrs) ☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift

Are you a military family member? ☐ Yes ☐ No | Are you 18 years or older? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No ; or a permanent resident alien authorized to work in the U.S? ☐ Yes ☐ No Proof of employment eligibility will be required upon employment.

Relative(s) employed with, and/or have business dealings with the Navy Exchange System. (Name(s), Position(s) and Relationship). ☐ No ☐ Yes: Explain

Have you ever pled guilty, no contest, had a suspended imposition of sentence, or been convicted of any offense (other than minor traffic violations)? ☐ Yes ☐ No If yes, state dates, places, and nature of each conviction. Attach additional pages as necessary. (A conviction record will not necessarily result in denial of employment.)

(List most recent employment first) **BUSINESS OR WORK HISTORY** **(* Required fields regardless of resume submitted)**

Name of Company	Kind of Business	Telephone Number ( )	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Mo/Yr Employed *	Starting Salary*	
Your Title and Description of Duties	Mo/Yr Left*	Current/Last Salary*	
	Reason for Leaving		

Name of Company	Kind of Business	Telephone Number ( )	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Mo/Yr Employed *	Starting Salary*	
Your Title and Description of Duties	Mo/Yr Left*	Last Salary*	
	Reason for Leaving		

Name of Company	Kind of Business	Telephone Number ( )	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Mo/Yr Employed *	Starting Salary*	
Your Title and Description of Duties	Mo/Yr Left*	Last Salary*	
	Reason for Leaving		

EDUCATION

Type of School	Name of school, city and state	Major Field	Degree	Years Attended	Credit Hours
High School					
College					
Graduate School					
Trade School or Other					

MILITARY

Branch of Service	Date Discharged	Rank at Separation	Type of Discharge	Retired?
				☐ Yes ☐ No

Describe briefly major duties and responsibilities.

How did you hear about employment opportunities at the Navy Exchange?

☐ Walk-in ☐ Web Advertisement ☐ Referred by_____ ☐ Other _____

☐ Navy Exchange Website ☐ Newspaper Ad ☐ State Employment Office

Have you ever worked in the Navy Exchange Program? ☐ Yes ☐ No (If yes, give full details: Where? When? From - To: Job Title, Salary, etc.)

Have you ever worked for another NAF (i.e. MWR, AAFES, Marine Corps exchange, etc.) ☐ Yes ☐ No (If yes indicate name of NAF, location, job title, salary, and employment dates.)

Have you ever received benefits under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB)? ☐ Yes ☐ No

Effective 1 Oct 1994, former military members hired by DOD Activities as civilians within 180 days of their separation under either VSI or SSB programs are now required to forfeit all incentives received.

Have you ever worked for the Federal Government as a Civil Service employee?
☐ Yes ☐ No If your answer is Yes, answer below questions.

Name and address of Agency/Command.

Dates of employment: From: / / To: / /

Have you ever received Separation Incentive Pay (SIP)? ☐ Yes ☐ No

If yes, give date received. / /

A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of the separation on which the payment is based, shall be required to repay the entire amount of the incentive payment to the agency that paid the incentive payment.

REQUIRED CERTIFICATION

I certify that, to the best of my knowledge and belief, my statements and information on this employment application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for Navy Exchange System employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, and other authorized employees of the Navy Exchange System. I agree to supply additional information as required, and to submit to any physical examinations that may be required. I understand that a false statement made by me or false information submitted by me, may be grounds for not hiring me or for terminating me after I have started work.

_____ Applicant's Signature

_____ Date

HR OFFICE USE ONLY UPON SELECTION

Job No.	Job No.	Position Number	Grade/Series	Location

Emergency POC: Name	Relationship	Address	Phone Number

Martial Status: ☐ Single ☐ Married ☐ Head of Household ☐ Separated ☐ Divorced ☐ Widowed ☐ Common Law

CRC Recommended ☐ Yes ☐ No

Equal Opportunity Employer /ADA Compliant

50257

Navy Exchange

Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

How long have you lived at this address?
Months _____ Years _____

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses for last 5 years...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requestor)

Account 2 1 0 9 3 8

Location

Voice Phone Number

Ext

FAX Phone Number

County Criminal-> ●

A-> ① ②
B-> ① ②
C-> ① ② ① ① ② ②

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Navy Exchange Service Command ("NEXCOM"), I hereby authorize LexisNexis Screening Solutions, or anyone else designated to act on behalf of NEXCOM, to procure a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I agree to hold NEXCOM and the U.S. Government (including its agencies and instrumentalities) harmless and release them from liability for any action taken as a result of information received in an investigative consumer report or report of criminal records check and for any acts or omissions of third-party furnishers of information contained therein.

_____ _____
Applicant/Employee Printed Name and Signature Date

_____-_____-_____ _____
Social Security Number * Date of Birth *

* Optional

MN & OK Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

___ YES, I am a Minnesota resident and would like a free copy of my consumer report.
___ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under California law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

___ YES, I am a California resident and would like a free copy of my credit report; or
___ YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address_____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If consumer checks "YES" regarding the credit report and you do request a credit report, please fax this form to ChoicePoint at 800-256-5876. If consumer checks "YES" regarding the full consumer report and consumer resides in California, you will need to provide the individual with a copy of his/her consumer report. If a Minnesota or Oklahoma resident checks "YES" and you do request a consumer report, please fax this form to ChoicePoint at 800-256-5876.

LexisNexis Account Number:_____

CS Note: Corresponding Request submitted electronically. REV. 1/3/03

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, NEXCOM may obtain a criminal record check and/or an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report:

LexisNexis Screening Solutions
Consumer Center
P.O. Box 105108
Atlanta, GA 30348-5108
Phone: (800) 845-6004

California Residents, please note:

You have the right under Section 1786.22 of the California Civil Code to contact LexisNexis Screening Solutions during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at LexisNexis Screening Solutions office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.

2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.

3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to

remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below.	**Federal Trade Commission: Consumer Response Center – FCRA** ***Washington, DC 20580 1-877-382-4357***
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

SELF-IDENTIFICATION OF DISABILITY

(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE————— >

Definition:

An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).

Purpose:

Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Part I. Targeted/Severe Disabilities

Hearing

18 - Total deafness in both ears (with or without understandable speech)

Vision

21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

Missing Extremities

30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)

Partial Paralysis

69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

Complete Paralysis

79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts

Other Impairments

82 - Epilepsy
90 - Severe intellectual disability
91 - Psychiatric disability
92 - Dwarfism

Part II. Other Disabilities

Hearing Conditions

15 - Hearing impairment/hard of hearing

Vision Conditions

22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

Physical Conditions

26 - Missing extremities (one hand or one foot)
40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
41 - Spinal abnormalities (e.g., spina bifida, scoliosis)
44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
51 - HIV Positive/AIDS
52 - Morbid obesity
61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof
70 - Complete paralysis of one hand
80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery
83 - Blood diseases (e.g., sickle cell anemia, hemophilia)
84 - Diabetes
86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)
87 - Kidney dysfunction (e.g., required dialysis)
88 - Cancer (present or past history)
93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
98 - History of alcoholism

Speech/Language/Learning Conditions

13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy
94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)

Other Options

01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)
05 - I do not have a disability.
06 - I have a disability, but it is not listed on this form.

The Rehabilitation Act of 1973

The Rehabilitation Act, as amended (29 U.S.C. 701, et seq.), requires each agency in the executive branch of the Federal Government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the workforce and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the U.S. Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of individuals with disabilities and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept to the strictest confidence and is known only to those individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary**, with the exception of employees appointed under Schedule A, SECTION 213.3102(u) (Severe physical or mental disabilities).** These employees will be requested to identify their disability status and if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees will be given every opportunity to ensure that the disability code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their records . The code carried on employees in the agency's system will be identical to that carried in OPM's system.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date disability report system is sincerely appreciated.

Privacy Act Statement

Collection of the requested information is authorized by the Rehabilitation Act, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as the means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other data requested for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under Schedule A, Section 213.3102 (u) (Severe physical or mental disabilities) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under one of these appointing authorities fail to disclose their disability(ies), however, the appropriate code will be determined from the employee's existing records or medical documentation physically submitted upon appointment.

ETHNICITY AND RACE IDENTIFICATION

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

PLEASE PRINT

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)

PRIVACY ACT STATEMENT

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires that SSN is used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

SPECIFIC INSTRUCTIONS: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to Question 1, go to Question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) ☐ Yes ☐ No **(Please proceed to Question 2 to select your primary racial category.)**

Question 2. Please select the primary racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
☐ 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 tribal affiliation or community attachment.
☐ 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.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ Two or more races	A person having origins in two or more of the races outlined in this section.

Question 3: What is your gender? ☐ Male ☐ Female