



Application for Employment

The US Postal Service is an Equal Opportunity Employer
(Shaded Areas for Postal Service Use Only)

Rated Application			Veteran preference has been verified through proof that the separation was under honorable conditions, and other proof as required. (See Section D below.)	Check One: <input type="checkbox"/> 10 pts. CPS <input type="checkbox"/> 10 pts. CP <input type="checkbox"/> 10 pts. XP <input type="checkbox"/> 5 pts. TP
Rated For	Rating	Date Rcvd.		
			Type of Proof Submitted & Date Issued	
Signature & Date			Verifier's Signature, Title & Date	

A. General Information			
1. Name (First, MI, Last)	2. Social Security No. (SSN)	3. Home Telephone ()	
4. Mailing Address (No., Street, City, State, ZIP Code)	5. Date of Birth	6. Work Telephone ()	
	7. Place of Birth (City & State or City & Country)		
8. Kind of Job Applied for and Postal Facility Name & Location (City & State)	9. Will You Accept: Temporary/Casual (Noncareer) Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. When Will You Be Available?	11. Are You Willing to Travel? (Complete only if you are applying for an executive or professional position.) <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Educational History						
1. Name and Location (City & State) of Last High School Attended	2. Are You a High School Graduate? Answer "Yes" if you expect to graduate within the next 9 months, or you have an official equivalency certificate of graduation. <input type="checkbox"/> Yes - Month & Year: <input type="checkbox"/> No - Highest Grade Completed:					
3a. Name and Location of College or University (City, State, and ZIP Code if known. If you expect to graduate within 9 months, give month and year you expect degree.)	Dates Attended		No. of Credits Completed		Type Degree (BA, etc.)	Year of Degree
	From	To	Semester Hrs.	Quarter Hrs.		
3b. Chief Undergraduate College Subjects	Semester Hrs. Completed	Quarter Hrs. Completed	3c. Chief Graduate College Subjects	Semester Hrs. Completed	Quarter Hrs. Completed	
4. Major Field of Study at Highest Level of College Work						
5. Other Schools or Training (For example, trade, vocational, armed forces, or business. Give for each: Name, City, State, and ZIP Code, if known, of school; dates attended; subjects studied; number of classroom hours of instruction per week; certificates; and any other pertinent information.)						
6. Honors, Awards, and Fellowships Received						
7. Special Qualifications and Skills (Licenses; skills with machines, patents or inventions; publications - do not submit copies unless requested; public speaking; memberships in professional or scientific societies; typing or shorthand speed, etc.)						

Name (First, MI, Last)	Social Security No.	Date
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C. Work History

(Start with your present position and go back for 10 years or to your 16th birthday, whichever is later. You may include volunteer work. Account for periods of unemployment in separate blocks in order. Include military service. Use blank sheets if you need more space. Include your name, SSN, and date on each sheet.)

May the US Postal Service ask your present employer about your character, qualifications, and employment record? A "No" will not affect your consideration for employment opportunities.

Yes No

1.	Dates of Employment (Month & Year) From _____ To Present	Grade If Postal, Federal Service or Military	Starting Salary/Earnings \$ _____ per
	Exact Position Title Average Hours per Week	Number and Kind of Employees Supervised	Present Salary/Earnings \$ _____ per
Name of Employer and Complete Mailing Address		Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
		Name of Supervisor	Telephone No. (If known) ()

Reason for Wanting to Leave

Description of Duties, Responsibilities, and Accomplishments

2.	Dates of Employment (Month & Year) From _____ To _____	Grade If Postal, Federal Service or Military	Starting Salary/Earnings \$ _____ per
	Exact Position Title Average Hours per Week	Number and Kind of Employees Supervised	Present Salary/Earnings \$ _____ per
Name of Employer and Complete Mailing Address		Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
		Name of Supervisor	Telephone No. (If known) ()

Reason for Leaving

Description of Duties, Responsibilities, and Accomplishments

3.	Dates of Employment (Month & Year) From _____ To _____	Grade If Postal, Federal Service or Military	Starting Salary/Earnings \$ _____ per
	Exact Position Title Average Hours per Week	Number and Kind of Employees Supervised	Present Salary/Earnings \$ _____ per
Name of Employer and Complete Mailing Address		Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
		Name of Supervisor	Telephone No. (If known) ()

Reason for Leaving

Description of Duties, Responsibilities, and Accomplishments

Name (First, MI, Last)		Social Security No.	Date
4.	Dates of Employment (Month & Year) From _____ To _____	Grade If Postal, Federal Service or Military	Starting Salary/Earnings \$ _____ per _____
	Exact Position Title _____ Average Hours per Week _____	Number and Kind of Employees Supervised	Present Salary/Earnings \$ _____ per _____
Name of Employer and Complete Mailing Address		Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
		Name of Supervisor	Telephone No. (If known) ()

Reason for Leaving _____

Description of Duties, Responsibilities, and Accomplishments _____

D. Veteran Preference (Answer all parts. If a part does not apply, answer "No".)

	Yes	No
1. Have you ever served on active duty in the US military service? (Exclude tours of active duty for training as a reservist or guardsman.)		
2. Have you ever been discharged from the armed service under other than honorable conditions? You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority. (If "Yes," give details in Section F.)		
3. Do you claim 5-point preference based on active duty in the armed forces? (If "Yes," you will be required to furnish records to support your claim.)		
4. Do you claim a 10-point preference? If "Yes," check type of preference claimed and attach Standard Form 15, Claim for 10-Point Veteran Preference, together with proof called for in that form.		

- Compensable Disability (Less than 30%)
 Compensable Disability (30% or more)
 Non-Compensable Disability (includes Receipt of the Purple Heart)
 Wife/Husband
 Widow/Widower
 Mother
 Other:

5. List for All Military Service: (Enter N/A if not applicable)

Date (From - To)	Serial/Service Number	Branch of Service	Type of Discharge

THE LAW (39 U.S. CODE 1002) PROHIBITS POLITICAL AND CERTAIN OTHER RECOMMENDATIONS FOR APPOINTMENTS, PROMOTIONS, ASSIGNMENTS, TRANSFERS, OR DESIGNATIONS OF PERSONS IN THE POSTAL SERVICE. Statements relating solely to character and residence are permitted, but every other kind of statement or recommendation is prohibited unless it either is requested by the Postal Service and consists solely of an evaluation of the work performance, ability, aptitude, and general qualifications of an individual or is requested by a government representative investigating the individual's loyalty, suitability, and character. Anyone who requests or solicits a prohibited statement or recommendation is subject to disqualification from the Postal Service and anyone in the Postal Service who accepts such a statement may be suspended or removed from office.

Privacy Act Statement: The collection of this information is authorized by 39 USC 401 and 1001. This information will be used to determine your qualifications and suitability for USPS employment. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Completion of this form is voluntary; however, if this information is not provided, you may not receive full consideration for a position.

COMPUTER MATCHING: Limited information may be disclosed to a federal, state, or local government administering benefits or other programs pursuant to statute for the purpose of conducting computer matching programs under the Act. These programs include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.

Name (First, MI, Last)	Social Security No.	Date
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E. Other Information

		Yes	No
1. Are you one of the following: a United States citizen, a permanent resident alien, a citizen of American Samoa or any other territory owing allegiance to the United States?			
2. RESERVED FOR OFFICIAL USE			
3. RESERVED FOR OFFICIAL USE			
If you answer "Yes" to question 4 and/or 5, give details in Section F below. Give the name, address (including ZIP Code) of employer, approximate date, and reasons in each case.	4. Have you ever been fired from any job for any reason?		
	5. Have you ever quit a job after being notified that you would be fired?		
6. Do you receive or have you applied for retirement pay, pension, or other compensation based upon military, postal, or federal civilian service? (If you answer "Yes," give details in Section F.)			
7a. Have you ever been convicted of a crime or are you now under charges for any offense against the Law? You may omit: (1) any charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and (4) any charges that resulted only in a conviction of a non-criminal offense. All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed. Disclosure of such convictions is required even if you did not spend any time in jail and/or were not required to pay a fine.			
7b. While in the military service were you ever convicted by special or general court martial? If you answer "Yes" to question 7a and/or 7b, give details in Section F. Show for each offense: (1) Date of conviction; (2) Charge convicted of; (3) Court and location; (4) Action taken. Note: A conviction does not automatically mean that you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.			
8. Are you a former Postal Service or Federal Employee not now employed by the US Government? If you answer "Yes," give in Section F, name of employing agency(ies), position title(s), and date(s) employed.			
9. Does the US Postal Service employ any relative of yours by blood or marriage? Postal officials may not appoint any of their relatives or recommend them for appointment in the Postal Service. Any relative who is appointed in violation of this restriction can not be paid. Thus it is necessary to have information about your relatives who are working for the USPS. These include: mother, father, daughter, son, sister, brother, aunt, uncle, first cousin, niece, nephew, wife, husband, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepdaughter, stepson, stepsister, stepbrother, half sister, and half brother. If you answer "Yes" to question 9, give in section F for such relatives: (1) Full name; (2) Present address and ZIP Code; (3) Relationship; (4) Position title; (5) Name and location of postal installation where employed.			
10. Are you now dependent on or a user of ANY addictive or hallucinogenic drug, including amphetamines, barbiturates, heroin, morphine, cocaine, mescaline, LSD, STP, hashish, marijuana, or methadone, other than for medical treatment under the supervision of a doctor?			

F. Use This Space for Detailed Answers (Use blank sheets if you need more space. Include your name, SSN, and date on each sheet.)

G. Certification		Enter number of additional sheets you have attached as part of this application:	
I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are in good faith.	Signature of Applicant		Date Signed

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the USPS is authorized under provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of the number will be used only as necessary in authorized personnel administration processes.

A false or dishonest answer to any question in this application may be grounds for not employing you or for dismissing you after you begin work, and may be punishable by fine or imprisonment. (US Code, Title 18, Sec. 1001). All information you give will be considered in reviewing your application and is subject to investigation.