



Application for Former Casual (Non-Career) Employment Eligibility

The U.S. Postal Service is an Equal Opportunity Employer

Please review the statements on the reverse of this form before completing this application. Your answers to the questions below will be considered together with other information in your record in determining your present fitness for postal employment and are subject to investigation. A false statement 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). **PLEASE PRINT ALL INFORMATION ENTERED BELOW.**

A. General Information

1. Name (Last, First, MI)		2. Social Security No.	
3. Date of Birth	4. Place of Birth (City/State OR City/Country)	5. Home Telephone No. ()	6. Work Telephone No. ()
7. Mailing Address (No., Street, City, State, ZIP + 4)			

B. Casual (Non-Career) Job Information

8. Casual Position Applied For:
 Clerk Mail Handler Carrier Other (Position Title): _____

9. Postal Facility Name and Location (City/State)	10. Earliest Date You Are Available
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C. Prior Casual Work History

11. Dates of Last Casual Employment From _____ To _____	12. Salary \$ _____ per hour	13. Title of Former Casual Position <input type="checkbox"/> Clerk <input type="checkbox"/> Mail Handler <input type="checkbox"/> Carrier <input type="checkbox"/> Other (Position Title): _____
14. Postal Facility Name and Location (City/State)	15. Name of Supervisor	16. Telephone No. (If known)

17. Reason Assignment Ended:
 Expiration of Appointment Resignation (Give Reason): _____ Termination (Give Reason): _____

D. Updated Non-Postal Work History

List all employment since the postal employment shown in Section C, above. Start with your present position and go back to the dates in Item C. Account for periods of unemployment on a separate line. If needed, continue on reverse.

18. Dates of Employment or Unemployment	Exact Position Title	Name of Employer and Complete Mailing Address	Supervisor's Name and Telephone No.	Reason for Leaving (or Unemployment)	Hours Worked Per Week	Hourly Salary Begin	Hourly Salary End
1. _____ to _____	_____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____ to _____	_____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____ to _____	_____	_____	_____	_____	_____	\$ _____	\$ _____

E. Military Service (Attach a copy of your military discharge records covering all periods of active duty service.)

19. Since Your Last Postal Employment, Have You Performed Active Duty in the Armed Forces?
 No Yes If "Yes," indicate: (A) Branch of Service: _____ (B) Period of Service: _____ to _____ (C) Type of Discharge: _____

20. If You Claim Veteran Preference, Indicate Type of Preference Claimed:
 5-Point 10-Point Non-Compensable Disability 10-Point Compensable Disability (30% or more)
 10-Point Compensable Disability (at least 10% but less than 30%) 10-Point Other (Wife/Husband, Widow/Widower, Mother) (Attach required proof to support your claim.)

F. Other Information

The following questions should be answered so that an assessment can be made of your continued qualification and suitability for postal employment. If you answer "Yes" to any questions, give a detailed explanation on the reverse or attach a separate statement, including the date, explanation of the violation or offense, place of occurrence, name and address of the police department or court involved; name and address of employer, explanation of the problem or reason for leaving employment.

	No	Yes
21. Have you been fired, quit after being notified that you would be fired, or resigned by mutual agreement because of specific problems from any employment listed in Section D.	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you 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 are required even if you did not spend any time in jail and/or were not required to pay a fine.	<input type="checkbox"/>	<input type="checkbox"/>
23. 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?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you been convicted by a military court-martial? (If yes, give details on reverse.) (If no military service, answer "No".)	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the U.S. Postal Service employ any relative of yours by blood or marriage? (Give name, present address, relationship, position title, and name and location of postal installation where employed on reverse.)	<input type="checkbox"/>	<input type="checkbox"/>

