



# Application for Employment

The U.S. Postal Service is an Equal Opportunity Employer  
(Shaded Areas for Postal Service Use Only)

Rated Application		<b>Veteran preference has been verified through proof that the separation was under honorable conditions, and other proof as required. (See Section D on page 3.)</b>	<b>Check One:</b> <input type="checkbox"/> 10 pts. CPS <input type="checkbox"/> 10 pts. CP <input type="checkbox"/> 10 pts. XP <input type="checkbox"/> 5 pts. TP <input type="checkbox"/> 0 pts. SS
Exam	Rating		
		Type of Proof Submitted and Date Issued	
<b>Signature and Date</b>		Verifier's Signature, Title, and Date	

## A. General Information

1. Name (First, MI, Last)	2. Primary Telephone	3. Business Telephone
4. Mailing Address (No., Street, City, State, ZIP Code)	5. Cell Phone	6. Preferred Telephone
	7. Place of Birth (City and State or City and Country)	
8. Position Applied for and Postal Facility Name and Location (City and State)	9. When will you be available?	10. E-Mail Address

## B. Educational History

1. Name and Location of Last High School Attended (City and State)	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 and Year: <input type="checkbox"/> No - Highest Grade Completed:			
3. Name and Location of College or University (City, State, and ZIP Code, if known. If you expect to graduate within the next 9 months, give the month and year you expect the degree.)	Dates Attended		Type of Degree (BA, etc.)	Year of Degree
	From	To		
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. Summary of Accomplishments (For example, honors, awards, and fellowships received. Include special qualifications and skills, such as licenses; skills with machines, patents or interventions; publications-do not submit copies unless requested; public speaking; memberships in professional or scientific societies; typing or shorthand speed, etc.)				

Name (First, MI, Last)

Date

**C. Work History**

(Start with your present position and go back for 5 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 and date on each sheet.)

May the U.S. Postal Service ask your present employer about your character, qualifications, and employment record?  Yes  No

A "No" will not affect your consideration for employment opportunities.

<b>1.</b>	Dates of Employment (Month and Year) From _____ To _____	Grade (Only if postal, federal service, or military)	Present Salary/Earnings \$ _____ per _____
	Exact Position Title	Average Hours per Week	Number and Kind of Employees Supervised
Employer's Name and Complete Mailing Address		Type of Business (Manufacturing, etc.)	
		Supervisor's Name	Work Telephone Number (If known)

Reason for Leaving

Description of Duties, Responsibilities, and Accomplishments

<b>2.</b>	Dates of Employment (Month and Year) From _____ To _____	Grade (Only if postal, federal service, or military)	Present Salary/Earnings \$ _____ per _____
	Exact Position Title	Average Hours per Week	Number and Kind of Employees Supervised
Employer's Name and Complete Mailing Address		Type of Business (Manufacturing, etc.)	
		Supervisor's Name	Work Telephone Number (If known)

Reason for Leaving

Description of Duties, Responsibilities, and Accomplishments

<b>3.</b>	Dates of Employment (Month and Year) From _____ To _____	Grade (Only if postal, federal service, or military)	Present Salary/Earnings \$ _____ per _____
	Exact Position Title	Average Hours per Week	Number and Kind of Employees Supervised
Employer's Name and Complete Mailing Address		Type of Business (Manufacturing, etc.)	
		Supervisor's Name	Work Telephone Number (If known)

Reason for Leaving

Description of Duties, Responsibilities, and Accomplishments

Name (First, MI, Last)			Date
4.	Dates of Employment (Month and Year) From _____ To _____	Grade (Only if postal, federal service, or military)	Present Salary/Earnings \$ _____ per _____
	Exact Position Title	Average Hours per Week	Number and Kind of Employees Supervised
Employer's Name and Complete Mailing Address		Type of Business (Manufacturing, etc.)	
		Supervisor's Name	Work Telephone Number (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 U.S. 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 (i.e., Dishonorable, Other than Honorable, Undesirable, Bad Conduct, General Discharge, Under 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 provide records to support your claim.)		
4. Do you claim a 10-point preference? If "Yes," check the type of preference claimed below and attach Standard Form 15, <i>Claim for 10-Point Veteran Preference</i> , together with proof required by that form.  <input type="checkbox"/> Compensable Disability (Less than 30%) <input type="checkbox"/> Compensable Disability (30% or more) <input type="checkbox"/> Non-Compensable Disability (includes Receipt of the Purple Heart)  <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Mother		
5. Do you claim Sole Survivorship preference? (A sole survivor veteran means a person who was discharged or released from a period of active duty after August 29, 2008, by reason of a sole survivorship discharge as that term is defined by law in 10 U.S.C. 1174 (j).) (If "Yes," you will be required to provide records to support your claim.) <b>Note:</b> You may not claim both a 5-point or 10-point preference and Sole Survivorship preference.		


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

Date (From - To)	Rank of Discharge	Lost Time	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:** Your information will be used to determine your qualification and suitability for USPS employment. Collection is authorized by 39 USC 401, 410, 1001, 1005 and 1206. Providing the information is voluntary, but if not provided, you may not receive full consideration. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For information regarding our privacy policies visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**E. Other Information**

		YES	NO
1. Are you one of the following: a United States citizen, a lawful permanent resident alien, or a citizen of American Samoa or any other territory owing allegiance to the United States?			
2. Have you been awarded a contract with or do you work for a contractor of the U.S. Postal Service?			
3. Are you a male born after December 31, 1959? (Males born after December 31, 1959, must be registered with the Selective Service System.) If yes, provide your Selective Service number:			
If you answer "Yes" to question 4, 5, or both, give details in Section F. Give the employer's name and address (including ZIP Code), 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 retirement pay based upon military, postal, federal civilian service, or District of Columbia Government Service? (If "Yes," give details in Section F.)			
7a. Are you a current United States Postal Service Employee? If "Yes," provide your Employee Identification Number:			
7b. Are you a former United States Postal Service Employee? If "Yes," provide your Employee Identification Number:			
7c. Are you a current or former Federal Employee (not including military or Postal Service)? If "Yes," provide the name of employing agency(ies), position title(s), and date(s) employed in Section F.			
8. Does the U.S. Postal Service employ any relative of yours by blood or marriage? Postal Service 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 cannot 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, half brother, granddaughter, grandfather, grandmother, grandson. If you answer "Yes" to question 8, provide the following information for each relative in Section F: (1) Full name; (2) Relationship; (3) Position title; (4) Name and location of postal installation where employed.			
9. Are you a current user of ANY illegal drugs, which includes drugs whose use is illegal unless they have been prescribed by a physician? (Note: The Postal Service applies federal law to determine whether drug use is illegal, even if a state or local law permits such use. Under federal law, marijuana use is illegal, even if prescribed by a physician.)			

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

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.

Enter number of additional sheets you have attached as part of this application:

Signature of Applicant

Date Signed

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. (U.S. Code, Title 18, Sec. 1001). All information you give will be considered in reviewing your application and is subject to investigation.