



# 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 \_\_\_\_\_

## C. Prior Casual Work History

11. Dates of Last Casual Employment From \_\_\_\_\_ To \_\_\_\_\_

12. Salary \$ \_\_\_\_\_ per hour

13. Title of Former Casual Position  
 Clerk     Mail Handler     Carrier     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	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. <b>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.</b>	<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"/>

**The law (939 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: Collection of this information is authorized by 39 U.S.C. 401; 1001; and 1005; 42 U.S.C. 2000e-16; and Executive Orders 11478 and 11590. This information will be used to determine qualifications and suitability of applicants for USPS employment. It 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 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to a prospective employer for consideration of employment; to management for compilation of a local seniority list for posting; to the EEOC for enforcement of federal EEO regulations; to the appropriate finance center as required under the provisions of the Dual Compensation Act; to the Office of Personnel Management (OPM) for processing retirement benefits; to OPM and private carriers for the provision of health, life insurance and retirement benefits; to state employment security agencies for unemployment compensation claim processing; and to a federal or state agency or other authorized person providing parent locator services pursuant to Pub. L. 93-647. In addition, 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.

**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 the 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.**

**G. Applicant Statements**

*(Use the space below to give detailed explanations and indicate item number to which answers apply. Use blank sheets if you need more space. Include your name, social security number, and date on each sheet.)*

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**H. 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.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Signed*