

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.

(First, MI, Last)		Social Security No.	Date
Dates of Employment (Monti	h & Year)	Grade If Postal, Federal Service or Military	Starting Salary/Earnings
From	То		\$ per
Exact Position Title	Average Hours per Week	Number and Kind of Employees Supervised	Present Salary/Earnings
of Employer and Complete M	Jailing Address	Kind of Business (Manufacturing, etc.)	\$ per Place of Employment (City & State)
of Employer and Complete in	alling Address	initia of Business (wariataetaring, etc.)	Trace of Employment (Only & Otate)
		Name of Supervisor	Telephone No. (If known)
on for Leaving			
· ·			THE LAW (39 U.S. CODE 100
iption of Duties, Responsibiliti	es, and Accomplishments		TRANSFERS, OR DESIGNATIC statement or recommendation is and general qualifications of ar requests or solicits a prohibited statement may be suspended or
eteran Preference (Ansi	wer all parts. If a part doe:	s not apply, answer "No".)	
	ror an partor ir a part acc		V N.
			Yes No concerning employment, secu
Have you ever served on active duty in the US military service? (Exclude tours of active duty for training as a reservist or guardsman.)			expert, consultant, or other pe Budget for review of private re
<ol> <li>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.)</li> </ol>			complaints examiner appointe Protection Board or Office of organization as required by the
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.)			consideration for a position.
you claim a 10-point preferen	ce? If "Yes," check type of pre	ference claimed and attach Standard Form	COMPUTER MATCHING: Limit
			purpose of conducting compute continuing eligibility for, indebted
Compensable Disability (Less than 30%)	Compensable Disability (30% or more)	y Non-Compensable Disability (includes Receipt of the Purple Heart)	☐ Wife/Husband
Widow/Widower	□ Mother	☐ Other:	
	From  Exact Position Title  of Employer and Complete Month of Employer and Employ	eteran Preference (Answer all parts. If a part does a reservist or guardsman.)  we you ever been discharged from the armed service under a ray such discharge changed to honorable by a Discharge (Yes," give details in Section F.)  you claim 5-point preference based on active duty in the armish records to support your claim.)  you claim a 10-point preference? If "Yes," check type of pre Claim for 10-Point Veteran Preference, together with proof of Compensable Disability (Less than 30%)  Accomplete Mailing Address  Average Hours per Week  Address	Exact Position Title  Average Hours per Week  Number and Kind of Employees Supervised  Kind of Business (Manufacturing, etc.)  Name of Supervisor  In for Leaving  Peteran Preference (Answer all parts. If a part does not apply, answer "No".)  Ave you ever served on active duty in the US military service? (Exclude tours of active duty for training a reservist or guardsman.)  Ave you ever been discharged from the armed service under other than honorable conditions? You may it any such discharge changed to honorable by a Discharge Review Board or similar authority. "Yes," give details in Section F.)  Ave you claim 5-point preference based on active duty in the armed forces? (If "Yes," you will be required to nish records to support your claim.)  You claim 10-point preference? If "Yes," check type of preference claimed and attach Standard Form Claim for 10-Point Veteran Preference, together with proof called for in that form.  Compensable Disability (Includes Receipt of the Purple Heart)

Na	me (First, MI, Last)	Social Security No.	Date	
	Other Information			
	Other information			
			Yes	No
1.	Are you one of the following: a United States of Samoa or any other territory owing allegiance	tizen, a permanent resident alien, a citizen of America of the United States?	an	
2.	RESERVED FOR OFFICIAL USE			
3.	3. RESERVED FOR OFFICIAL USE			
5,	you answer "Yes" to question 4 and/or give details in Section F below. Give the name, address (including ZIP Code)	4. Have you ever been fired from any job for any rea	ason?	
of	employer, approximate date, and easons in each case.	5. Have you ever quit a job after being notified that y would be fired?	you	
6.	Do you receive or have you applied for retirem postal, or federal civilian service? (If you answ	ent pay, pension, or other compensation based upon er "Yes," give details in Section F.)	military,	
7a.	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 cor	victed by special or general court martial?		
	Date of conviction; (2) Charge convicted of	b, give details in Section F. Show for each offense (3) Court and location; (4) Action taken. Note: A It you cannot be appointed. What you were convic the facts so that a decision can be made.		
8.	Are you a former Postal Service or Federal En	ployee not now employed by the US Government?		
	If you answer "Yes," give in Section F, name comployed.	employing agency(ies), position title(s), and date(s)		
9.	Does the US Postal Service employ any relative	e 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 sect	on F for such relatives:		
	(1) Full name; (2) Present address and ZIP Co of postal installation where employed.	de; (3) Relationship; (4) Position title; (5) Name and lo	ocation	
10.	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 (Us	e blank sheets if you need more space. Include	your name, SSN, and dat	te 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.	9 11	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.