





Type or print all responses. Mark boxes as appropriate. If more space is needed, attach additional sheets.

Privacy Act Statement: Your information will be used to conduct a background investigation and to determine your fitness and suitability for contractual services with the U.S. Postal Service® (USPS®). Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061. Supplying the information is voluntary, but if not provided you may not be able to meet the requirements to participate in a USPS contract. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to the Equal Employment Opportunity Commission (EEOC) when requested in connection with the investigation of a formal complaint; and to the Merit Systems Protection Board or Office of Special Counsel for the purpose of litigation. For more information on our privacy policies visit www.usps.com/privacypolicy.



1. Full Name (Last, First, Middle)	4a. Email Address
2. Mailing Address (Include Apartment/Suite Number; PO Box™ Not Allowed)	4b. Phone Numbers (With Area Code) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____
3. City, State and ZIP+4®	
5. List Other Names Used and Dates Used (i.e., maiden name, names by former marriages, names changed legally or otherwise, aliases, nicknames)	

6. Social Security Number (SSN)	7. Date of Birth (MM/DD/YYYY)	8. Place of Birth (City and U.S. State or Foreign Country)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Type of Screening (Check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> ADP <input type="checkbox"/> Other		11. Are You Presently a Highway Contract Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Contractor's Name, Mailing Address, and City, State and ZIP+4 		13. If "Yes" in 11, Include Contract Number and Termini. 	
		14a. Have You Had a Security Screening by USPS or Other Federal Agencies Within the Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	14b. If "Yes" in 14a, list the Agencies.

15. Dates and Places of Residence for the Past 3 Years. (Leave no gaps—if actual places of residence differ from the mailing addresses, furnish and identify both. Begin with your present residence—the address noted in Item 2—and go back for 3 Years.)

From (MM/YYYY)	To (MM/YYYY)	Number and Street (Include Apartment/Suite Number; PO Box Not Allowed)	City, State, and ZIP+4
			

16. Employment for the Past 3 Years. (Leave no gaps—list ALL periods of employment. Begin with your present employment and go back for 3 years. Include dates and full addresses when unemployed. Give the name under which you were employed if different from your name now used.)

From (MM/YYYY)	To (MM/YYYY)	Employer's Name (Include Supervisor's Name)	Employer's Address (City, State, ZIP+4)	Occupation	Reason for Leaving	Your Name During Period of Employment
						

17a. Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Are You a Citizen of American Samoa or Any Other Territory Owing Allegiance to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	17c. If not a United States Citizen, Provide Alien Registration Number.
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18a. Do You Have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	18b. If "Yes" in 18a, Note Type of License. <input type="checkbox"/> Driver <input type="checkbox"/> Chauffeur <input type="checkbox"/> Commercial Driver's License (CDL)	18c. If "Yes" in 18a, Include License Number, State, and Expiration Date.
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19a. Are you a male born after December 31, 1959? If "Yes," go to 19b. If "No," go to 20a. <input type="checkbox"/> Yes <input type="checkbox"/> No	19b. Have you registered with the Selective Service System? <input type="checkbox"/> Yes (Provide your registration number.) Registration Number: _____ <input type="checkbox"/> No (Provide the reason for your legal exemption in 19c.)
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19c. Legal Exemption Information (If you were exempted by age — i.e., if you were over 26 years old when you entered the U.S. — just list your age when you entered the U.S. If you received an exemption for another reason, provide a copy of the Selective Service exemption letter.)

20a. Have you served in the U.S. Military (Past or Present)? Yes. (Complete Items 20b, 20c, 20d, 20e, and 20f.) No. (Go to 21a.)

20b. Dates of Service (MM/YYYY) To _____ From _____	20c. Branch of Service (Army, Navy, Air Force, Marines, etc.)	20d. Serial Number (If none, provide Grade or Rating at time of separation.)
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20e. Were You Discharged from the Military Service Under Honorable Conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "Yes." If you received a clemency discharge, answer "No.") If "No," enter the date and type of discharge you received in the blocks below. Yes No

Discharge Date (MM/YYYY)	Type of Discharge

20f. While in Military Service, Were You Ever Convicted by Court Martial? Yes No

Court Martial Date (MM/DD/YYYY)	Place (City and State/Country)	Charge	Disposition

21a. Have You **Ever** Been Convicted of, or Forfeited Collateral for, **Any Felony/Misdemeanor Violation** (Except Traffic Violations)? (Generally, a felony is defined as any violation of law punishable by imprisonment of one year or longer.) Yes No

21b. Have You Ever Been Convicted of, or Forfeited Collateral for, **Any Assaults, Firearms, or Explosives Violations**? Yes No

21c. Are You **Now** Under Charges for Any Violation of Law? Yes No

If any answers to 21a - 21c are "Yes," attach a sheet noting the date, place, court location, charge, and disposition.

21d. Are You **Delinquent** on any Federal Debt? (Include delinquencies arising from Federal taxes, overpayment of benefits, or other debts to the U.S. Government **plus defaults** on Federally guaranteed or insured loans such as student and home mortgage loans.) Yes No If "Yes," Complete the Information Below — If Necessary, Attach Additional Sheets.

Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken

22. In the Past 3 years, Have You Been Convicted of any Traffic Violations (Other Than Parking) or Currently Have Charges Pending? Yes No If "Yes," Complete the Information Below — If Necessary, Attach Additional Sheets. Have You Attached Your Driver's Abstract from the Department of Motor Vehicles? Yes No


Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken

Warning

Review this form carefully to ensure you have answered all questions fully and correctly. Failure to answer all questions may result in your being denied access to mail and/or Postal Service premises. A fine not to exceed \$250,000 or imprisonment of not more than five years or both is provided by law (18 U.S.C. 1001) for **making a false statement or concealing any material fact on this Questionnaire.**

Certification

I certify that the statements made by me on this questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature (The Postal Service accepts an electronic signature with a digital ID and a date stamp.) 	Date Signed (MM/DD/YYYY)
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I attest I have advised the Applicant to truthfully complete this Questionnaire, and the Applicant has passed the Drug Screening Test (If applicable, provide documentation).

I certify that the applicant's **Proof of Citizenship or legal work status** authorizing the individual to work in the United States disclosed no disqualifying information in accordance with the Personnel Security requirements of the U.S. Postal Service as set forth in the current contract/transportation initiative, statement of work, or management instructions. The documentation is retained at the following location and may be reviewed by the Postal Inspection Service or the Contracting Officer or designee upon request.

Physical Street Address	Phone Number (With Area Code)	Date Signed (MM/DD/YYYY)
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Contractor's Signature (Sign and print name)	City	State	ZIP+4
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For Use of Postal Service Official Responsible for Reviewing for Completeness and Legibility. For complete instructions, see Administrative Support Manual 272.4, "Individuals Under Service Contracts: Clearances, Roles, Background Investigations, and Denial."

USPS Official Signature (Sign and print name)	Phone Number (With Area Code)	Date Signed (MM/DD/YYYY)
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Organization, City, State, and ZIP+4