

Instructions. Please review the Privacy Act Statement on the reverse of this form and then answer and sign items 1 through 13. Complete the bottom section only when instructed to do so. Your answers will be considered together with other information in your record in determining your present fitness for postal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law.

1. Name (Last, first, middle)		2. Social Security Number	
Answer by Placing "X" in Proper Column		Yes	No
Answer by Placing "X" in Proper Column		Yes	No
3. Are you an official or employee of any state, territory, county, or municipality? <i>If "Yes," give details on reverse.</i>			
4. Do you receive or have you applied for an annuity from the United States or District of Columbia government under any retirement act or any pension or other compensation for military or naval service? <i>If "Yes," give details on reverse.</i>			
5. Since you filed application for this employment, have you: <ul style="list-style-type: none"> A. Been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? <i>You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense finally adjudicated in a juvenile court.</i> B. Been convicted by general court-martial while in the military service? <i>If your answer to A or B is "Yes," give details on reverse. Show for each offense: (1) date, (2) charge, (3) place.</i> <ul style="list-style-type: none"> C. Been fired from employment for any reason? D. Quit after being informed that your employer intended to fire you for any reason? E. Been barred by the Office of Personnel Management from taking examinations or accepting federal employment? F. Been discharged from the armed forces under other than honorable conditions? <i>If your answer to C, D, E or F is "Yes," give details on reverse. Show the name and address (including ZIP Code) of employer, branch of service, approximate date, and reason in each case.</i> 			
COMPLETE QUESTION 6 IF PREVIOUSLY EMPLOYED IN A POSITION COVERED BY THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM (FEGLI)			
6. A. When did you last leave a position covered by FEGLI? (MM-DD-YYYY)		_____ - _____ - _____	
B. In your last covered position, did you waive basic life insurance or decline any type of optional insurance?			
C. If your answer to B is "Yes," did you later cancel any waiver of basic insurance or declination(s) of optional insurance? <i>Personnel offices: review ELM 535, or the FEGLI Handbook, RI-76-20 (formerly FPM Supplement 870-1), to determine eligibility for life insurance coverage.</i>			
COMPLETE QUESTION 7 IF YOU ARE A MALE APPLICANT			
7. A. Are you a male born after December 31, 1959 AND are you at least 18 years of age?			
B. If your answer to A is "Yes," do you certify that you are registered with the Selective Service System?			
C. If your answer to A is "No," are you under 18 years of age and understand that when you reach age 18 you are required to register at that time?			
D. If your answer to B is "No," has the Selective Service System determined that you are exempt from the registration provisions of Selective Service law and have you submitted proof of exemption?			
8A. In Case of Emergency, Please Notify		8B. Relationship	
8C. Number, Street, City, State, and ZIP+ 4			
8D. Telephone Number (Include area code)			

9. **AFFIDAVIT AS TO FALSIFICATION AND POSTAL CRIME.** I declare that I understand (1) I must protect the United States mail, Postal Service property and assets; (2) my employment may be terminated at any time should it be determined that I have falsified any information contained in my application for employment or in this affidavit. I also affirm (3) I did not participate in a crime involving the United States mail, including stealing or taking from the mail or theft of property; (4) I have not resigned or been terminated from the Postal Service during prior employment based on allegations or charges of criminal misconduct, including, but not limited to, theft and/or destruction of mail, use and/or distribution of narcotics, assault, fraud, and embezzlement; (5) I have not been convicted of a criminal offense related to criminal acts on Postal Service property or against the Postal Service; and that (6) I understand I may be subject to imprisonment, fines, or civil penalties for any false, fictitious or fraudulent statements. The submission of a false, fictitious or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 U.S.C. 1001). In addition, a civil penalty of up to \$5,000 may be imposed (31 U.S.C. 3802).
10. **AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT.** I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.
11. **AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE.** I have not nor has anyone acting on my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.
12. **AFFIDAVIT AS TO TRUTH OF STATEMENTS.** All items and statements above are true as of this date.

13. Applicant Signature	Date
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DO NOT COMPLETE THE FOLLOWING SECTION UNTIL INSTRUCTED TO DO SO.

14. **APPOINTEE REVIEW AND CERTIFICATION THAT ABOVE INFORMATION IS CORRECT.**
 Review items 1-13 at orientation or on the first work day. Initial and date each change that you make.
 Upon completion, initial and date here to show that your review and update (if applicable) were done.

15. Did you complete Form I-9, <i>Employment Eligibility Verification</i> ? If "No," see appointing officer. <input type="checkbox"/> Yes <input type="checkbox"/> No	16. OATH: I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter.
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17. CERTIFICATION OF OATH	Date Entered on Duty	Signature of Appointee
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Subscribed and sworn before me this _____ day of _____ in the year _____ at (City and State) _____

Signature of Officer	Title
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PROHIBITION AGAINST POLITICAL AND CERTAIN OTHER RECOMMENDATIONS. The Law (39 U.S.C. 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: The 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 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 Public Law 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. **Effects of Non-Disclosure:** Because selective service registration information is essential for determining whether you are in compliance with section 3 of the Military Selective Service Act (50 U.S.C. App. 453), failure to provide that information will prevent any further consideration of your application for employment. In addition, disclosure of your social security number (SSN) is mandatory to be considered for employment. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943; the SSN will be used only as necessary in authorized personnel administration processes.

INSTRUCTIONS TO APPOINTING OFFICER. You must determine that this appointment would be in conformance with the Postal Service rules and regulations pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and anti-nepotism provisions. Also, to establish the identity of the appointee, you should particularly check his/her signature and handwriting against the application and/or other pertinent papers.

- NOTES:**
1. Applicants are instructed to complete items 1 through 13 at the interview or job offer stage.
 2. Item 7 eliminates the requirement for PS Form 2591-A, *Applicant's Statement of Selective Service Registration Status*. Verification of selective service status for a random number of applicants may be performed as a quality control measure. Situations involving a conflict of information regarding an individual applicant's status should be given appropriate attention.
 3. Applicants should review and update responses to items 1 through 13 at orientation or on the first work day prior to administration of the oath. Applicants must initial and date that the review was done (Item 14).
 4. The oath of office must be administered by a person specified in 39 CFR 222, which includes personnel positions level EAS-15 and above. The word "SWEAR" should be stricken out when the appointee elects to "AFFIRM" rather than swear to the affidavits. Only that word may be stricken and only when the appointee elects to affirm the affidavits. The oath is administered and signatures provided by the appointee and the appointing officer at orientation or on the first work day (Item 17).

APPLICANT/APPOINTEE STATEMENTS *(Use the space below to give required details for questions 3 through 5. Continue on additional sheet(s) if needed. Indicate item number to which answers apply. Sign and date all attachments.)*

Sign and date below if you entered any statements above.

Signature	Date
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