



Pre-Employment Screening — Authorization and Release

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Act Statement: Your information will be used to determine your suitability for employment. Collection is authorized by 39 USC 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if it is not provided, you may not receive full consideration. We may only 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 more information regarding our privacy policy visit us at usps.com®.

Applicant's Name (last, first, MI)	Date of Birth (MM/DD/YYYY)	Home Telephone Number (include area code)
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Other Names and Dates When Used: List the names you have used in the past, beginning with the most recent (#1) and working backward. You must list all names you have ever used and the dates you used each name. If you need more space to provide complete information, please continue on the reverse side of this form.

#1 Previous Name Used	From Month/Year (MM/YYYY) To:
#2 Previous Name Used	From Month/Year (MM/YYYY) To:
#3 Previous Name Used	From Month/Year (MM/YYYY) To:

Where You Have Lived: List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for. Be sure to indicate the actual physical location of your residence; do not list a permanent address when you were actually living at a school address. Use the two letter Postal Service™ abbreviation code for the state. If you need more space to provide complete information, please continue on the reverse side of this form.

#1 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code™
To: Present					
#2 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#3 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#4 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#5 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized employment official or to a contractor acting on behalf of the USPS by any person, corporation, agency, or association concerning my character, employment, criminal records, driving records, or military service as may be relevant and necessary for a determination of my suitability for employment with the USPS.

This authorization is executed with full knowledge and understanding that the USPS will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned persons, corporations, agencies, associations and their employees, agents, and representatives from any and all liability for damages resulting from a decision by the USPS not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months from the date it is signed.

Date Signed	Signature of Applicant
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SAMPLE