



INSTRUCTIONS

Please review each section carefully to ensure your application is successfully submitted and considered for further determination. All questions must be answered and the form must be included with the submission of all required documents as detailed in the vacancy announcement. Failure to complete this form in its entirety will result in your disqualification. Information on how to apply can be found in the "How to Apply" section of the vacancy announcement. Thank you for your interest in this job opportunity!

BIOGRAPHIC INFORMATION

First Name

Middle Name

Last Name

Street Address (House Number, Street, Apartment, Company, Suite, Unit)

City

State / Territory / Province

Postal Code

Country

Phone Number (XXX-XXX-XXXX)

Email Address



ELIGIBILITIES

1. Are you a current United States Postal Service Office of Inspector General (USPS OIG), United States Postal Service (USPS), United States Postal Inspection Service (USPIS), or Postal Regulatory Commission (PRC) career employee? If yes, please submit a copy of your current PS-50 form.

2. Do you claim Veterans' Preference? (If you are claiming veterans' preference, you must submit the Member 4 copy of your DD-214 Certificate of Release or Discharge from Active Duty, and/or other proof of veterans' preference eligibility including your VA letter, form SF-15 and all required documents related to your SF-15 claim.)

NOTE: Veterans' preference does not apply for the following: Internal or merit vacancy announcement, IGES positions, or attorney positions.

NV - No Preference Claimed

NP - No Preference

SSP - 0-point Sole Survivor Preference

TP - 5-point preference based on active duty in the U.S. Armed Forces

CP - 10-point preference based on a compensable service-connected disability of 10 percent or more, but less than 30 percent.

CPS - 10-point preference based on a compensable service-connected disability of 30 percent or more.

XP - 10-point preference for non-compensable disability or a Purple Heart

XP - 10-point preference based on widow/widower or parent of a deceased veteran, or spouse or parent of a disabled veteran.

3. Are you a current employee of a federal agency which is covered under the Excepted Service?

4. Were you formerly employed as a federal civilian on a permanent competitive appointment but are not currently a permanent competitive federal employee?

INSTRUCTIONS: If eligible, submit a copy of your separation Notification of Personnel Action, Standard Form 50 or equivalent personnel action form reflecting your permanent, competitive status. • Your separation Notification of Personnel Action, Standard Form 50 (or equivalent personnel action form) must reflect career or career-conditional (Tenure 1 or 2) AND • Your separation Notification of Personnel Action, Standard Form 50 (or equivalent personnel action form) must reflect your status was in the competitive service (Position Occupied is 1).

5. Are you a current or former career federal employee with competitive status?



6. Are you currently employed as a civilian employee in the competitive service in a federal agency other than the agency hiring for this position?

INSTRUCTIONS: *If eligible, submit a copy of your separation Notification of Personnel Action, Standard Form 50 or equivalent personnel action form reflecting your permanent, competitive status. • Your Notification of Personnel Action, Standard Form 50 (or equivalent personnel action form) must reflect career or career-conditional (Tenure 1 or 2) and • Your Notification of Personnel Action, Standard Form 50 (or equivalent personnel action form) must reflect your status was in the competitive service (Position Occupied is 1)*

7. Are you a veteran whose latest discharge was under honorable conditions and you: Served three (3) or more years of continuous active-duty service in the military (NOTE: if released shortly before completing a three (3) year tour, you are considered to meet the eligibility) OR • Are entitled to Veterans' Preference?

INSTRUCTIONS: *If eligible, submit a copy of your latest Certificate of Release or Discharge from Active Duty, DD-214 (copy indicating character of service) or other proof of your service which includes character of service.*

PREFERENCES

1. Does the US Postal Service or the USPS Office of Inspector General employ any relative of yours by blood or marriage?

INFORMATION: *USPS and USPS OIG officials may not appoint any of their relatives or recommend them for appointment in the OIG. Any relative who is appointed in violation of this restriction cannot be paid. Thus, it is necessary to have information about your relatives who are working for the USPS and/or USPS OIG. 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.*

2. If Yes, please provide the following information for such relatives: (1) Full name; (2) Present address and ZIP Code; (3) Relationship; (4) Position title; (5) Name and location of USPS and/or USPS OIG installation where employed.



3. Choose the location(s) which you would like to be considered (maximum 2 locations).

Dallas, TX

Denver, CO

Woburn, MA

Arlington, VA

CERTIFICATION

Your responses to this questionnaire are subject to evaluation and later steps in the selection process are specifically designed to verify the accuracy of your responses. Deliberate attempts to falsify information may be grounds for disqualifying you or for dismissing you from employment following acceptance. Please take this opportunity to review your responses to ensure they accurately represent your current level of experience and capability and select the response below that best applies. Failure to certify accuracy below will disqualify you from further consideration for this position.

I verify that, to the best of my knowledge and belief, all the information included in this questionnaire is true, correct and provided in good faith. I accept that if my supporting documentation, or later steps in the selection process do not support one or more of my responses to this questionnaire, my rating maybe lowered, or I may be removed from further consideration.

I choose not to certify the accuracy of my response and application materials, and I no longer wish to be considered for this position.

Signature of Applicant

Date

To Sign Application: Use the Fill & Sign tool in your application. Choose Type, Draw, or Upload image of your signature and then Save.