

The collection of this information is authorized by 39 USC 410(b), 1001. This authorization will be used to obtain information for organizations and individuals pertaining to your personal history, credit standing, educational claims, current or prior employment and other information which may be relevant and necessary to determine your fitness and suitability for employment in the Postal Service or for other employment purposes, including security clearance and an evaluation of your loyalty to the United States. This authorization does not consent to the collection of information by the Postal Service except as permitted by law. Nor does it waive any remedy you may have against the Postal Service in the event of a violation of the Privacy Act or other rights established by law. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to any agency where relevant to hiring, contracting, or licensing, to the Equal Employment Opportunity Commission when investigating a complaint of discrimination, to a labor organization as required by the National Labor Relations Act, and where pertinent, in a legal proceeding to which the Postal Service is a party.

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Postal Service.

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 of the USPS by any person, corporation, agency, or association concerning my personal history, character, education, employment, military service, credit standing, professional standing, or any other matter relevant and necessary for a determination of my suitability for employment with, or assignment to any position in, 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 of whatever kind or nature which may at any time result to 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 and release is as effective and valid as the original. This authorization is valid for 12 months from the date it is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number (Include Area Code)

\_\_\_\_\_  
City and State

\_\_\_\_\_  
ZIP + 4