



# Pre-Employment Screening — Authorization and Release

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

**Privacy Act Statement:** The collection of this information is authorized by 39 USC 410(b) and 1001; it may be used to obtain information from organizations and individuals pertaining to your character and current or prior employment as may be relevant and necessary to determine your fitness and suitability for employment in the United States Postal Service. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding in 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; and to a labor organization as required by the National Labor Relations Act.

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 USPS.

Applicant's Name ( <i>Last, First, Middle</i> )		Mailing Address
Date of Birth ( <i>Month, Day, Year</i> )	Home Phone Number (    )	

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 character, employment, 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, corporators, 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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