



Driving Record For Positions That Require Driving

Fill In The Blanks Below. You May Have Someone Help You Complete This Form.

1. Title of the Position You Are Applying For 2. Today's Date

3a. Your Name (First, Middle, Last) 3b. Social Security Number 4. Birth Date (Mo., Day, Yr.)

5. Address (Number and Street, or PO Number, City, State, & Zip Code)

6. Do You Have A Valid Driver's Permit or License? Yes (Skip to Item 8). No (Complete Item 7)

7. If You Don't Have a Driver's Permit or License, Give Reasons Here

8. Have You Operated a Motor Vehicle Within the Last 5 Years? Yes No

If Yes, Complete Information Below for All States Where You Were Issued a Driver's Permit or License in the Last 5 Years:

State in Which Issued	Driver's Permit or License No.	Date Issued	Date of Expiration

9. Have You Been Found Guilty for Violating a Driving Law Within the Last 5 Years? (Do Not Include Parking Violations)

Yes No

Charge (Speeding, Reckless Driving, Etc.)	Date (Month, Year)	Place (City or Town & State)	Law Enforcing Authority (City Police, State Police, Etc.)	Action Taken (Fined, Forfeited Collateral, Etc.)	Was Permit Revoked or Suspended? (Show Which Using R or S. Give Period of Suspension.)

PRIVACY ACT STATEMENT: The collection of this information is authorized by 39 USC 401, 1001. This information will be used to select applicants from Register for vacancy. As a routine use this information 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 upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; 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 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 1613; 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 this information is not provided, you may not receive full consideration for a position.

9. Describe Any Motor Vehicle Accidents You Have Had Within the Last 5 Years in Which You Were the Driver in the Spaces Below. Use an Extra Sheet to Describe Any Accident(s) You Have Had Within the Last 5 Years in Excess of 3.

Accident No. 1

Place (City or Town, State)	Date of Accident
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Describe How the Accident Happened

Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to Other Party?
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Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Give the Name of the Court or Other Legal Body That Made the Judgment

Accident No. 2

Place (City or Town, State)	Date of Accident
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Describe How the Accident Happened

Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to Other Party?
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Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Give the Name of the Court or Other Legal Body That Made the Judgment

Accident No. 3

Place (City or Town, State)	Date of Accident
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Describe How the Accident Happened

Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to the Other Party?
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Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Give the Name of the Court or Other Legal Body That Made the Judgment

I Certify That All of the Statements Made in This Application are True, Complete, and Correct to the Best of My Knowledge and Belief, and Are Made in Good Faith.

Signature of Applicant	Date
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