

A. General Information		
1. Name (First, MI, Last) Marie Davis	2. Primary Phone 916-417-8968	3. Business Phone N/A
4. Mailing Address (No., Street, City, State, Zip Code) 1131 Bell St 9 Sacramento, CA, 95825	5. Mobile Phone N/A	6. Preferred Phone Primary Phone
	7. Place of Birth (City & State or City & Country) San Francisco	
8. Position Applied For	9. Job Posting	10. E-Mail originatorone@outlook.com

B. Education History

1. Are you a High School Graduate?

2. Education Type: Vocational/Trade School
 Educational Institution: 4 D College
 Field of Education: Other Studies
 Start Date: 06/01/2009 End Date: 06/01/2009
 Subject: Pharmacy Technology
 Description:

Education Level: Certificate

Highest Level Completed: No
 Grade:

3. Summary of Accomplishments:
 Completion of Pharmacy Technician program.
 Completion of G.E.D.
 PARTS CERTIFICATION.

C. Work History

(Start with your present position and go back for 7 years or to your 16th birthday, whichever is later. You may include volunteer work. Account for periods of unemployment in separate blocks in order. Include military service.)

May we contact your present employer about your character, qualifications, and employment record? No

A "No" will not affect your consideration for employment.

1 .	Dates of Employment (Month & Year) Open - Open	Grade If Postal, Federal Service or Military	
	Job Title	Average Hours per Week	No. and Type of Employees Supervised
The Name of Employer and Complete Mailing Address		Kind of Business (Manufacturing, etc.)	
		Name of Supervisor	Telephone No.

Description of Duties, Responsibilities and Accomplishments

Description:

D. Veteran Preference (Answer all parts. If a part does not apply, answer "No".)

- | | Yes | No |
|---|-----|----|
| 1. Have you ever served on active duty in the United States Armed forces? (Exclude tours of active duty for training as a reservist). | | X |
| 2. Have you ever been discharged from the armed forces under conditions other than Honorable (i.e, Dishonorable, Other than Honorable, Undesirable, Bad Conduct, General Discharge, Under Honorable Conditions)? You may omit any such discharge changed to Honorable by a Discharge Review Board or similar authority. | | X |
| 3. Do you claim 5-point preference based on active duty in the armed forces? | | X |
| 4. Do you claim a 10-point preference? | | X |
| 5. List for All Military Service: (N/A if not applicable) | | |

Date (From - To)	Rank at Discharge, Lost Time	Branch of Service	Type of Discharge
N/A	Rank N/A Lost Time 000000	N/A	N/A

Supporting Documentation

Privacy Act Statement: Your information will be used to determine your qualifications and suitability for USPS employment. Collection is authorized by 39 USC 401, 410, 1001, 1005 and 1206. Providing the information is voluntary, but if not provided, you may not receive full consideration. We may 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; and to the Selective Service System.

E. Other Information		
	Yes	No
1. Are you one of the following: a United States Citizen, a lawful permanent resident alien, a citizen of American Samoa or any other territory owing allegiance to the United States?	X	
2. Have you been awarded a contract with or do you work for a contractor of the US Postal Service?		X
3. Are you a male born after December 31, 1959? (Males born after December 31, 1959 must be registered with the Selective Service System.)		X
If yes, please indicate Selective Service number:		
If you answer "Yes" to question 4 and/or 5, give details in Section F below. Give the name, address (including ZIP Code) of employer, approximate date, and reasons in each case.	4. Have you ever been fired from any job for any reason?	X
	5. Have you ever quit a job after being notified that you would be fired?	X
6. Do you receive or have you applied for retirement pay, pension, or other retirement pay based on military, postal, federal civilian, or District of Columbia Government service?		X
(If yes, give details in Section F below. Do not provide information related to health or medical issues such as, specifying that retirement pay was for disability.)		
7. Are you a former Postal Service or Federal Employee not now employed by the US Government (not including Military Service)?		X
8. Does the Postal Service employ any relatives of yours by blood or by marriage? Postal officials may not appoint any of their relatives or recommend them for appointment in the Postal Service. Any relative who is appointed in violation of this restriction can not be paid. Thus it is necessary to have information about your relatives who are working for the USPS. 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, half brother, granddaughter, grandfather, grandmother, grandson. If you answer "Yes" to question 8, give details in section F for such relatives: (1) Full name; (2) Present address and ZIP Code; (3) Relationship; (4) Position title; (5) Name and location of postal installation where employed.		X
9. Are you now dependent on or a user of ANY addictive or hallucinogenic drug, including amphetamines, barbiturates, heroin, morphine, cocaine, mescaline, LSD, STP, hashish, marijuana, or methadone, other than for medical treatment, as permitted by federal law under the supervision of a doctor? (Federal law does not permit the use of marijuana for medical treatment)		X
F. Use this Space for Detailed Answers		

Attachments

Form
PSI test score

Driving Violations

No Driving Violations data currently available

Accident History

No Accident History data currently available

References

Name of reference -----	Title of reference -----	Phone Number -----
Anthony Profetto	RETIRED	916-793-8743
Floyd Thomas	VETERAN	916-856-4416
Andrew Miller	MECHANIC	816-825-0750

Assessments

Assessment No. -----	Date Taken -----	Duration End Date -----	Retest Date -----	Exam Score -----
916	03/03/2016	03/03/2022	07/01/2016	84.40