



HOW TO COMPLETE eCAP

Electronic Comprehensive
Application Package

SECTION 1

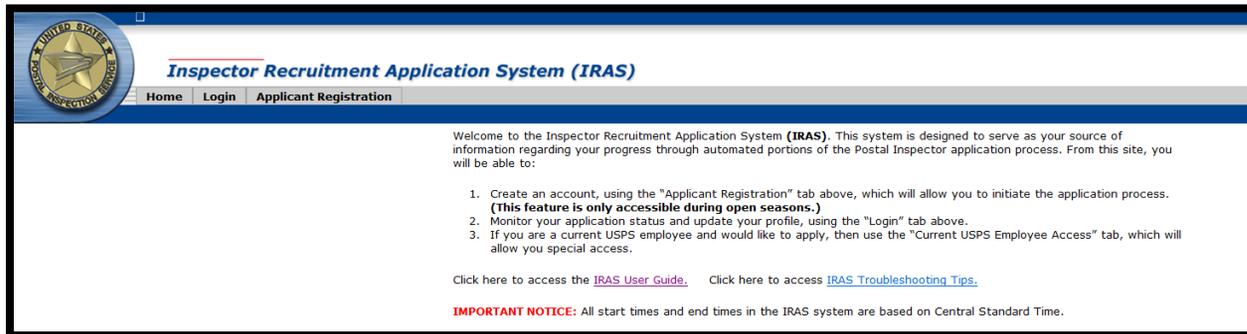
APPLICANTS WHO HAVE COMPLETED THEIR PROFILE IN IRAS

Purpose

This document explains how to complete an electronic Comprehensive Application Package (eCAP).

Logging In

Select the eCAP link <https://iras.uspis.gov/ApplicantPortal/login/Welcome.aspx> and select Login.





My Profile	(Show Details...)
My Application	(Show Details...)
My Exam Part 1	(Show Details...)
My eCAP(Electronic Comprehensive Application Package)	(Hide Details...)

[Complete eCAP \(Link will expire on Monday, April 07, 2014 9:34 AM Eastern Standard Time\)](#)

My Appointments	(Show Details...)
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[Privacy Policy](#)

Site best viewed with Internet Explorer 7.0 or higher with a minimum screen size of 1024 x 768

The Complete eCAP link appears and an expiration date. Complete and submit eCAP *before* the link expires. When the link expires, eCAP will not be available .

Navigating eCAP

The electronic Comprehensive Application Package (eCAP) is a collection of online forms.

You must complete this application **within 5 days or 120 hours** of receiving the email notification and link to eCAP.

To get started, review the box below and the instructions on the pages that follow.

eCAP NAVIGATION ESSENTIALS

- A menu appears at the left of each screen .
- You must save each page after completing it or data will be lost.
- Save your information and then exit the application.
- Cancel and Exit returns you to the homepage.
- Do not use slashes or dashes for dates or phone numbers.
- Use Cancel to remove your entry.
- Use Delete to clear a data field.

Use the forward and back browser buttons to navigate between pages. Ensure your pages are saved so no data is lost before using these buttons.

SECTION 2

INSTRUCTIONS FOR COMPLETING eCAP

Personal Information Page

Some of the data you provided in your profile will pre-populate these fields. Required fields are marked in yellow and have a red asterisk. You must complete all required fields or the system will not allow you to submit your application.



eCAP
Electronic Comprehensive Application Package

[Help](#)
Restricted Information

Personal Information	
1a: Personal Information	* Applicants Full Name (First - Middle - Last): Jen Q Public
1b: Residence History	* Mailing Address: 98 Perkins Street
2: Other Names Used	* City: Washington
3a: High School	* State: District of Columbia
3b: College/University	* Zip Code: 20260 1335
4: Honors/Special Skills	* Primary Telephone Number: 2027778888
5: Work History	Secondary Telephone Number: 2403847317
6a: Military Services	* Email Address: JenQ@hotmail.com
6b: Veterans Questions	
7a: Assets	
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	* Date of Birth: 04/25/1990
9b: Driving Accidents	* Country of Birth: GERMANY
9c: Driving Violations	
10: Attach Documents	* Are you willing to travel?: <input checked="" type="radio"/> Yes <input type="radio"/> No
11: Complete and Submit	
Review and Print	

* Required Fields

After you enter Personal Information and Birth Information, select Save. Then select Step 1b: Residence History, from the navigation pane on the left.

Residence History

Do not enter slashes or dashes for numerical values like dates or phone numbers. If you were born on March 6, 1989, enter 03061989.

Enter all residences in reverse chronological order, beginning with your current residence.

Select *Check here if this is your current residence*. Select Save once you enter all required fields, including street address and dates of residence, as well as city, state and ZIP Code. Select Add New Entry to enter additional places of residence. Provide the complete address and beginning and ending dates of your residence.

Add all residences for the past five years and select Save.

Select Step 2: Other Names Used, from the navigation pane.



RESIDENCE HISTORY	
1a: Personal Information	<p>LIST THE PLACES WHERE YOU HAVE LIVED, BEGINNING WITH THE MOST RECENT (#1) AND WORKING BACK 5 YEARS. ALL PERIODS MUST BE ACCOUNTED FOR. BE SURE TO INDICATE THE ACTUAL PHYSICAL LOCATION OF YOUR RESIDENCE, DO NOT LIST A PERMANENT ADDRESS WHEN YOU WERE ACTUALLY LIVING AT A SCHOOL ADDRESS. USE THE TWO LETTER POSTAL SERVICE™ ABBREVIATION CODE FOR THE STATE.</p> <p style="text-align: right;">Add New Entry</p> <p>Check here if this is your current residence. <input checked="" type="checkbox"/></p> <p>* Dates of Residency (mm/yyyy): From: 05/1306 To: / /</p> <p>* Complete Address: 111 Elden St.</p> <p>* City: Herndon</p> <p>* State: Virginia</p> <p>* Zip Code: 20170</p> <p>County: Fairfax</p> <p style="text-align: right;">Cancel Save</p>
1b: Residence History	
2: Other Names Used	
3a: High School	
3b: College/University	
4: Honors/Special Skills	
5: Work History	
6a: Military Services	
6b: Veterans Questions	
7a: Assets	
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	
* Required Fields	

Other Names Used

This page appears. To add an entry, select Add New Entry. Select Yes and enter first, middle, and last name. Only enter a middle name if applicable.

Select Save once all names have been entered. Select 3a: High School, from the navigation pane.

The screenshot shows the eCAP (Electronic Comprehensive Application Package) interface. At the top left is the logo for the United States Postal Inspection Service. The header includes the text "eCAP Electronic Comprehensive Application Package" and a "Help Restricted Information" link. The main content area is titled "Other Names Used" and features a navigation pane on the left with the following menu items: 1a: Personal Information, 1b: Residence History, 2: Other Names Used, 3a: High School, 3b: College/University, 4: Honors/Special Skills, 5: Work History, 6a: Military Services, 6b: Veterans Questions, 7a: Assets, 7b: Liabilities, 8: Student Loan, 9a: Driver's License Information, 9b: Driving Accidents, 9c: Driving Violations, 10: Attach Documents, 11: Complete and Submit, and Review and Print. The "2: Other Names Used" section is active, displaying a table with the following data:

	First Name-Middle Name-Last Name
<input type="button" value="Select"/>	JQ Public
<input type="button" value="Select"/>	Jenny Q
<input type="button" value="Select"/>	Jenni Quinn Public

At the bottom left of the form area, there is a red asterisk followed by the text "* Required Fields".

Educational History

Click the High School tab and complete all mandatory fields. Select Save.



eCAP
Electronic Comprehensive Application Package

[Help](#)
Restricted Information

EDUCATIONAL HISTORY - HIGH SCHOOL

- 1a: Personal Information
- 1b: Residence History
- 2: Other Names Used
- 3a: High School**
- 3b: College/University
- 4: Honors/Special Skills
- 5: Work History
- 6a: Military Services
- 6b: Veterans Questions
- 7a: Assets
- 7b: Liabilities
- 8: Student Loan
- 9a: Driver's License Information
- 9b: Driving Accidents
- 9c: Driving Violations
- 10: Attach Documents
- 11: Complete and Submit
- Review and Print

*** Required Fields**

* Name of Last High School Attended: Martin Luther King Magnet School

* City: Nashville

* State: Tennessee

* Month & Year Graduated: Month: June Year: 2005

* Highest Grade Completed: 12

Delete Save

Select 3b: College/University from the navigation pane. Select Add New Entry for each college you attended, beginning with the most recent, and complete all fields, including.

1. Name of College or university
2. Type of school
3. Country
4. City
5. State
6. ZIP Code
7. Dates attended (from and to in mm/yyyy format)
8. Number of credits completed (select the radio box that applies to your university and from semester or quarter hours)
9. Field of study
10. Type of degree (Bachelor of Science, Master of Business Administration, etc.)
11. Year completed degree

Select Save. To refresh the screen, select Cancel.

College/University	
1a: Personal Information	
1b: Residence History	
2: Other Names Used	
3a: High School	
3b: College/University	
4: Honors/Special Skills	
5: Work History	
6a: Military Services	
6b: Veterans Questions	
7a: Assets	
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	
	<p>* Name of College or University: University of Memphis</p> <p>* Type of School: Undergraduate</p> <p>Country: UNITED STATES</p> <p>City: Memphis</p> <p>State: Tennessee</p> <p>Zip Code: <input type="text"/> <input type="text"/></p> <p>* Dates Attended: * From: 09/2005 * To: 05/2009</p> <p>* Number of Credits Completed: 132 <input type="radio"/> Semester Hours <input type="radio"/> Quarter Hours</p> <p>* Field of Study: Computer Science and Technology</p> <p>*Type of Degree (BA, etc.): B.A.</p> <p>*Year Completed Degree: 2009</p>
	* Required Fields

After completing each entry, select Save. Then select 4: Honors/Special Skills.

Honors and Special Qualifications

Two text boxes will appear: Honors, Awards and Fellowships received, and Special Qualifications and Skills. Enter all honors and awards and any special skills, certifications, special qualifications, and memberships you possess. Select Save and then select 5: Work History.

HONORS/SPECIAL QUALIFICATIONS	
1a: Personal Information	Honors, Awards, and Fellowships Received: <i>(max. 2500 characters)</i>
1b: Residence History	Received award from Microsoft for work on development project to enhance user interface with credit card scans to protect personally identifiable information.
2: Other Names Used	
3a: High School	
3b: College/University	
4: Honors/Special Skills	
5: Work History	Special Qualifications and Skills (Licenses; skills with machines, patents or inventions; publications-do not submit copies unless requested; public speaking; memberships in professional or scientific societies; typing or shorthand speed, etc.) <i>(max. 2500 characters)</i>
6a: Military Services	Member Toastmasters International; member National Computer Technology Center
6b: Veterans Questions	
7a: Assets	
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	
* Required Fields	

Work History

Enter your work history in reverse chronological order, beginning with your most recent job. You do not need to enter the date the job began and ended. Enter the month and year without dashes or slashes. You must account for the past 10 years, or from your 16th birthday. *Any gaps in employment must be addressed in the order they occurred.*

Under Description of Duties, Responsibilities, and Accomplishments, enter a narrative or a list of how you made a difference and added value to your organization. Select Save and then 6a: Military Services, on the navigation pane.

eCAP - Work History - Windows Internet Explorer

 **eCAP**
Electronic Comprehensive Application Package

Help
Restricted Information

WORK HISTORY

1a: Personal Information **START WITH YOUR PRESENT POSITION AND GO BACK FOR 10 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.**

1b: Residence History

2: Other Names Used

3a: High School

3b: College/University

4: Honors/Special Skills

5: Work History

6a: Military Services

6b: Veterans Questions

7a: Assets

7b: Liabilities

8: Student Loan

9a: Driver's License Information

9b: Driving Accidents

9c: Driving Violations

10: Attach Documents

11: Complete and Submit

Review and Print

* Required Fields

May the US Postal Service ask your present employer about your character, qualifications, and employment record? A "No" will not affect your consideration for employment opportunities. Yes No

Check here if you are currently employed here.

* Dates of Employment (mm/yyyy): From: 01/2005 / /

* Type of Employment: Employed

* Name of Employer: Washington High School

Complete Mailing Address: 1111 Main Street

City: Washington

State: District of Columbia

Zip Code: 20265 0001

Grade if Postal, Federal Service, or Military: _____

Starting Salary: 25000

Current or Ending Salary: 50000

* Were you in a supervisory position: Yes No

Name of Supervisor: James Brown

Telephone Number (If known): 2025559999

Reason For Leaving: Still working

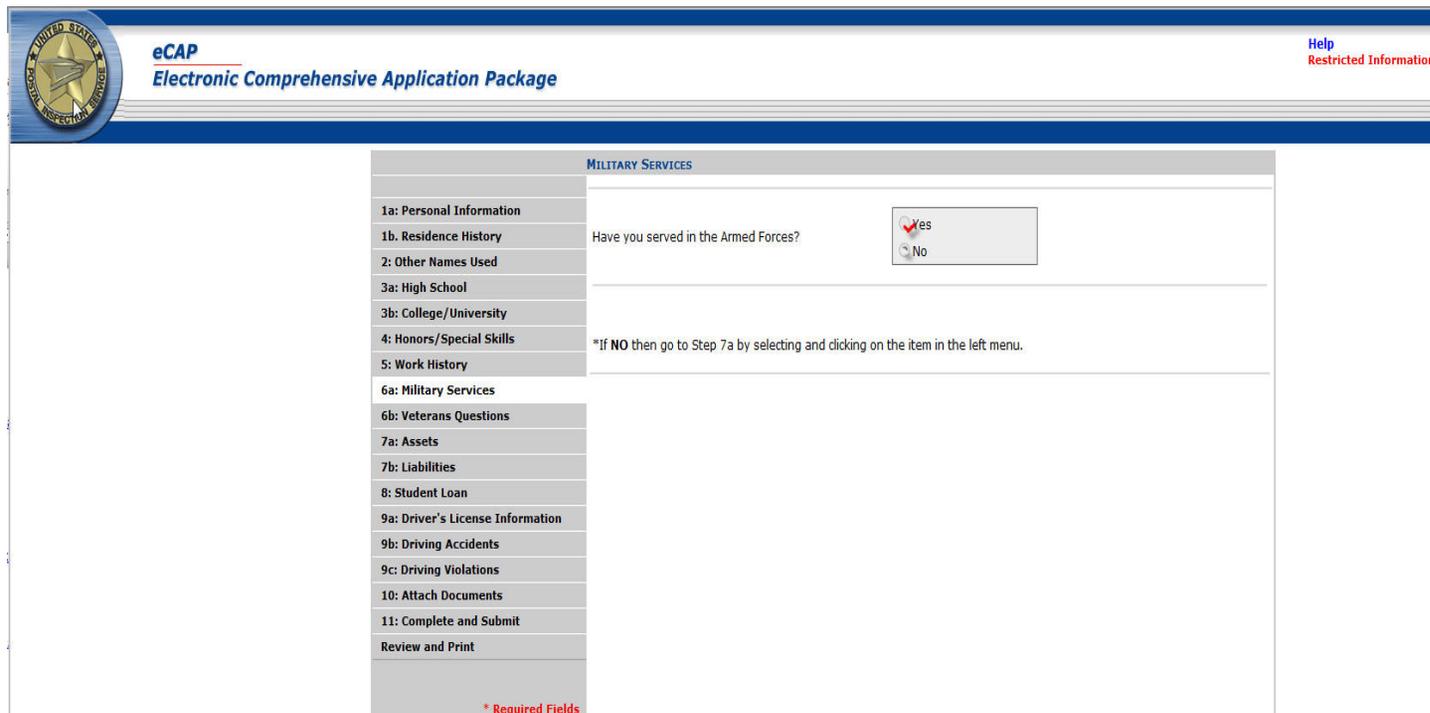
* Description of Duties, Responsibilities, and Accomplishments:

Criminal Law Teacher

Military Service and Veterans Preference

Select Yes or No to: “Have you served in the Armed Forces?” If No, the system will direct you to the Assets page. If Yes, enter the dates and branch of service, then select 6b: Veterans Questions, on the navigation pane to claim Veterans Preference Points. To claim veterans points, you must provide supporting documents, including: Member 4 Copy of DD-214, Certificate of Release or Discharge from Active Duty; Standard Form 15, Claim for 10-Point Veteran Preference; and proof (see back of form). Select Add New Entry until you are finished.

To claim veterans points, supporting documents must be provided in one of these file formats: pdf, doc, docx, jpg, jpeg, png, or gif. (See Step 10 to attach documents.)



The screenshot displays the eCAP (Electronic Comprehensive Application Package) interface. At the top left is the United States Department of Defense logo. The header includes the text "eCAP Electronic Comprehensive Application Package" and a "Help Restricted Information" link. The main content area is titled "MILITARY SERVICES" and features a left-hand navigation menu with the following items: 1a: Personal Information, 1b: Residence History, 2: Other Names Used, 3a: High School, 3b: College/University, 4: Honors/Special Skills, 5: Work History, 6a: Military Services, 6b: Veterans Questions, 7a: Assets, 7b: Liabilities, 8: Student Loan, 9a: Driver's License Information, 9b: Driving Accidents, 9c: Driving Violations, 10: Attach Documents, 11: Complete and Submit, and Review and Print. The "6b: Veterans Questions" section is active, showing the question "Have you served in the Armed Forces?" with radio button options for "Yes" (selected) and "No". A note below the question states: "*If NO then go to Step 7a by selecting and clicking on the item in the left menu." A red asterisk at the bottom left indicates "* Required Fields".

After your military service record, you will see the Branch display. To edit your military service record, select the branch of service and type in your edits over the old data.

Select Answer Veterans Questions.

MILITARY SERVICES

MILITARY SERVICE:

	Branch	From	To
Select	Army	1/1/2014	2/8/2014

IMPORTANT: If you are claiming Veterans Preference you must answer the Veterans questionnaire . Click the 'Answer Veterans Questions' button.

[Answer Veterans Questions](#)

You must answer all questions to claim points for a veteran's preference.

3b.	If you answered Yes to question 3, check the type of preference claimed and attach Standard Form 15, Claim 10-point Veterans Preference, together with proof called for in that form.	<input checked="" type="radio"/> Compensable Disability(Less than 30%) <input type="radio"/> Compensable Disability(30% or more) <input type="radio"/> Non-Compensable Disability(inc. Purple Heart) <input type="radio"/> Wife/Husband <input type="radio"/> Widow/Widower <input type="radio"/> Mother
4.	Have you ever served on active duty in the Armed Forces of the United States?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.	Did you receive a discharge or separation from active duty in the Armed Forces under honorable conditions for any separate (Non-continuous) period of active duty for which you received a characterized discharge or separation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
6.	Do you have a compensable service-connected disability with a disability rating of at least 10 percent but less than 30 percent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Do you have a compensable service-connected disability with a disability rating of 30 percent or more?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8.	Are you a veteran who served at any time and has a present service-connected disability or is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs but does not have a disability rated at 10 percent or more; or a veteran who received a Purple Heart?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9.	Do you claim a derived preference as a widow, widower, spouse, or mother of a disabled veteran who is disqualified for a Federal position along the general lines of his or her usual occupation because of a service-connected disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
10.	Did you retire from the military?	<input checked="" type="radio"/> Yes <input type="radio"/> No
11.	Are you drawing retirement pay from the military?	<input checked="" type="radio"/> Yes <input type="radio"/> No
12.	Did you retire at a rank of Major, Lieutenant Commander, or higher?	<input checked="" type="radio"/> Yes <input type="radio"/> No
13.	Did you serve on active duty during any of the following periods?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Assets

Click Assets on the left navigation pane to enter financial information. Select Type of Account from the dropdown menu on the Financial Information (Assets) page:

- Checking account
- Savings account
- Stocks
- Bonds
- Auto
- Real estate
- Other

In this screenshot, Stocks is selected from Type of Account. Bank/Agency Name and Approximate Value are manually entered. All three fields on the Assets page must be completed. Select Add New Entry and Save after each.

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Electronic Comprehensive Application Package

FINANCIAL INFORMATION (ASSETS)

1a: Personal Information **Add New Entry**

1b: Residence History

2: Other Names Used

3a: High School * Type of Account:

3b: College/University * Bank/Agency Name:

4: Honors/Special Skills * Approximate Value: x

5: Work History

6a: Military Services

6b: Veterans Questions

7a: Assets **Cancel** **Save**

7b: Liabilities

8: Student Loan

9a: Driver's License Information

9b: Driving Accidents

9c: Driving Violations

10: Attach Documents

11: Complete and Submit

Review and Print

* Required Fields

FINANCIAL INFORMATION (ASSETS)

1a: Personal Information

1b: Residence History

2: Other Names Used

3a: High School

3b: College/University

4: Honors/Special Skills

5: Work History

6a: Military Services

6b: Veterans Questions

7a: Assets

7b: Liabilities

8: Student Loan

9a: Driver's License Information

9b: Driving Accidents

9c: Driving Violations

10: Attach Documents

11: Complete and Submit

Review and Print

Add New Entry

* Type of Account: Real Estate

* Bank/Agency Name: Chase Manhattan Bank

* Approximate Value: 225000

Cancel

Save

* Required Fields

Liabilities

Select 7b: Liabilities, on the navigation pane and answer Yes or No to: “Do you have financial liabilities?” If you select Yes, provide details for each liability.

FINANCIAL INFORMATION (LIABILITIES)

1a: Personal Information

1b. Residence History

2: Other Names Used

3a: High School

3b: College/University

4: Honors/Special Skills

5: Work History

6a: Military Services

6b: Veterans Questions

7a: Assets

7b: Liabilities

8: Student Loan

9a: Driver's License Information

9b: Driving Accidents

9c: Driving Violations

10: Attach Documents

11: Complete and Submit

Review and Print

*** Required Fields**

Do you have financial liabilities?(Auto/Student/Personal Loans, Credit Cards, Mortgages/Rent, Garnishments, Judgements, etc.)

Yes

No

*If **NO** then go to Step 8 by selecting and clicking on the item in the left menu.

Select Type of Account from the dropdown menu, enter the creditor's name, monthly payment amount, and balance, and then Save. Select Add New Entry to display a new form. If No, you will see Step 8: Student Loans.



FINANCIAL INFORMATION (LIABILITIES)

- 1a: Personal Information
- 1b: Residence History
- 2: Other Names Used
- 3a: High School
- 3b: College/University
- 4: Honors/Special Skills
- 5: Work History
- 6a: Military Services
- 6b: Veterans Questions
- 7a: Assets
- 7b: Liabilities**
- 8: Student Loan
- 9a: Driver's License Information
- 9b: Driving Accidents
- 9c: Driving Violations
- 10: Attach Documents
- 11: Complete and Submit
- Review and Print

* Required Fields

Add New Entry

* Type of Account:

* Creditor Name:

* Monthly Payment:

* Balance:

- Auto/Student/Personal Loans
- Credit Cards
- Garnishments
- Judgments
- Mortgage/Rent
- Other

Cancel Save

Student Loans

Select Yes or No to “*Have you ever had a Student loan?*” If Yes, enter loan details. For outstanding student loans, you must provide the name of lender, address of lender (city, state, and ZIP Code), loan amount, date loan was issued, and date of last loan payment. You must answer “*Have you ever defaulted on a student loan?*” and “*Is your current student loan in default?*” If applicable, attach documentation to explain.

eCAP - Studen Loans - Internet Explorer



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Electronic Comprehensive Application Package

[Help](#)
Restricted Information

STUDENT LOAN INFORMATION

1a: Personal Information	Have you ever had a student loan? <input type="radio"/> Yes <input checked="" type="radio"/> No
1b: Residence History	
2: Other Names Used	
3a: High School	
3b: College/University	
4: Honors/Special Skills	*If NO then go to Step 9a by selecting and clicking on the item in the left menu.
5: Work History	
6a: Military Services	
6b: Veterans Questions	
7a: Assets	
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	

* Required Fields

If you answer No to “Have you ever had a student loan?” you will go to 9a: Driver’s License Information.

Driver's License Information

Select Driver's License (DL) Information to display the Driving Record page. If you have held multiple licenses in various states in the past five years, complete all required fields. Select Add New Entry for each record and Save before proceeding. Attach your unexpired Driver's License in Step 10.

- State in which driver's license was issued
- Driver's license number
- Date driver's license issued
- Date of expiration

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DRIVING RECORD (LICENSE INFORMATION)	
1a: Personal Information	<input type="button" value="Add New Entry"/>
1b: Residence History	* State in which Driver's License was Issued: <input type="text" value="Virginia"/>
2: Other Names Used	* Driver's License Number: <input type="text" value="VA77123391251"/>
3a: High School	* Date Issued: <input type="text" value="08/23/2010"/>
3b: College/University	* Date of Expiration: <input type="text" value="08/23/2020"/>
4: Honors/Special Skills	<input type="text" value=""/>
5: Work History	<input type="text" value=""/>
6a: Military Services	<input type="text" value=""/>
6b: Veterans Questions	<input type="text" value=""/>
7a: Assets	<input type="text" value=""/>
7b: Liabilities	<input type="text" value=""/>
8: Student Loan	<input type="text" value=""/>
9a: Driver's License Information	<input type="text" value=""/>
9b: Driving Accidents	<input type="text" value=""/>
9c: Driving Violations	<input type="text" value=""/>
10: Attach Documents	<input type="text" value=""/>
11: Complete and Submit	<input type="text" value=""/>
Review and Print	<input type="text" value=""/>

* Required Fields

After entering all drivers' licenses, select Save and then 9b: Driving Accidents.

Driving Record

Enter all accidents you have been involved in within the past five years. For each entry, complete all required fields:

- City and state of accident
- Date of accident
- How the accident happened
- Approximate amount of damage to vehicle (dollar amount)
- Approximate amount of damage to other party (dollar amount)
- Insurance company that was liable (made payments)
- Was anyone killed?
- Were you judged at fault?
- Name of court or legal body that made the judgment

Select Save and Add New Entry for additional accidents. Select Cancel for a fresh form. Then select 9c: Driving Violations.

Driving Violations

You must report all Driving Violations in the past five years. Complete all required fields and select Save. Select Add New Entry for each violation and select Save.

DRIVING RECORD (ACCIDENTS)	
1a: Personal Information	Add New Entry
1b: Residence History	* City and State of the Accident: <input type="text"/> <input type="text"/> <input type="text"/>
2: Other Names Used	
3a: High School	* Date of Accident: <input type="text"/>
3b: College/University	* Describe how the accident happened:
4: Honors/Special Skills	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>
5: Work History	
6a: Military Services	
6b: Veterans Questions	* Approximate Amount of damage to your vehicle (Dollar Amount): <input type="text"/>
7a: Assets	* Approximate amount of damage to the other Party (Dollar Amount): <input type="text"/>
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	* Which insurance company made payment? <input type="radio"/> Your Insurance Company <input type="radio"/> Other Party's Insurance Company
9b: Driving Accidents	
9c: Driving Violations	* Was anyone killed? <input type="radio"/> Yes <input type="radio"/> No
10: Attach Documents	
11: Complete and Submit	* Were you judged at fault? <input type="radio"/> Yes <input type="radio"/> No
Review and Print	* Name of the court or other legal body that made that judgement: <input type="text"/>
Cancel Save	

* Required Fields



DRIVING RECORD (VIOLATIONS)	
1a: Personal Information	Add New Entry
1b: Residence History	* Charge? (Speeding, Reckless Driving, DWI, DUI, etc.): <input type="text"/>
2: Other Names Used	* Date (Month, Year): <input type="text"/>
3a: High School	* Place (City or Town): <input type="text"/>
3b: College/University	* State: <input type="text" value="Select One ..."/>
4: Honors/Special Skills	* Law Enforcing Authority (City Police, State Police, etc.): <input type="text"/>
5: Work History	* Action Taken (Fined, Forfeited Collateral, etc.): <input type="text"/>
6a: Military Services	* Was Permit Revoked or Suspended? <input type="radio"/> Yes
6b: Veterans Questions	<input type="radio"/> No
7a: Assets	If YES, give period of suspension <input type="text"/>
7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	Cancel Save
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	

* Required Fields

Select 10: Attach Documents on the navigation pane.

Attach Documents

To attach supporting documents, browse to your computer, flash file, or other storage device to locate the file.

1. Select a document from the Documents Category dropdown
2. Browse for the document you wish to attach
3. Enter a description of the document (e.g., honorable discharge documents)
4. Attach the document

You can only attach one document at a time. The attachments will appear at the bottom of the “Attach Documents” screen.

ATTACH DOCUMENTS

1a: Personal Information

1b: Residence History

2: Other Names Used

3a: High School

3b: College/University

4: Honors/Special Skills

5: Work History

6a: Military Services

6b: Veterans Questions

7a: Assets

7b: Liabilities

8: Student Loan

9a: Driver's License Information

9b: Driving Accidents

9c: Driving Violations

10: Attach Documents

11: Complete and Submit

Review and Print

Step 1: Document Category:

Step 2: Browse for the document:
Acceptable document types include: .pdf, doc, docx, jpg, jpeg, png, and gif.

Step 3: Description:

Step 4: Attach the Document:

LIST OF ATTACHED DOCUMENTS

	View	Document Name	Description
<input type="button" value="Remove"/>	Drivers License.doc	Drivers License.doc	Drivers License

These forms must be printed, signed, scanned, and attached to eCAP.

- Authority to Possess Firearms
- U.S. Postal Inspection Service Drug Policy
- Statement of Prior Federal Service

Select Review and Print. Be sure to print and review your eCAP before clicking Submit eCAP.

Complete and Submit eCAP

Once you attach supporting documents, select Complete and Submit on the navigation pane. Errors will be identified once you select Complete and Submit on the navigation pane.

eCAP Release and Privacy Act Statement.

You must review the eCAP Release and Privacy Act language before you submit eCAP. Enter your last name and the last four digits of your SSN to acknowledge that you have read and agreed to the Release and Privacy Act Statement.

Select Submit eCAP.



COMPLETE AND SUBMIT

- 1a: Personal Information
- 1b: Residence History
- 2: Other Names Used
- 3a: High School
- 3b: College/University
- 4: Honors/Special Skills
- 5: Work History
- 6a: Military Services
- 6b: Veterans Questions
- 7a: Assets
- 7b: Liabilities
- 8: Student Loan
- 9a: Driver's License Information
- 9b: Driving Accidents
- 9c: Driving Violations
- 10: Attach Documents
- 11: Complete and Submit

* Required Fields

e-CAP Release and Privacy Act Language

By completing the forms which are part of the Application Package, I hereby consent and authorize the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official or to a contractor acting on behalf of the Postal Service or Postal Inspection Service by any person, corporation, agency, or association concerning my character, employment, criminal records, driving records or military service as may be deemed relevant and necessary for a determination of my suitability for employment with the USPS.

This authorization is executed with full knowledge and understanding 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.

By executing this document, whether by signing or in electronic format, I hereby RELEASE the aforementioned persons, corporations, 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.

PRIVACY ACT STATEMENT: This notice is applicable to all forms which are used by the U.S. Postal Service and the U.S. Postal Inspection Service. The information will be used to determine my suitability for employment. Collection is authorized by 39 U.S.C. §§ 401, 409, 410, 1001, 1003, 1004, 1005, and 1206; and 29 U.S.C. § 2601 et seq. Providing the information is voluntary, but if not provided, we may be unable to process your request and 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 the 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; to the Merit Systems' Protection Board or Office of Special Counsel; and the Selective Service System. Additional information regarding the USPS privacy policy may be found at usps.com.

NOTE:
By clicking Submit you will make your eCAP information READ ONLY. Please be sure all items are complete, true, and accurate.

[Review and Print](#)

Type Applicant's Last Name:

Type Last four(4) digits of Applicant's SSN:

Today's Date:

[Submit eCAP](#)

Your eCAP becomes a Read Only document once you select Submit eCAP.



COMPLETE AND SUBMIT	
1a: Personal Information	<p align="center">e-CAP Release and Privacy Act Language</p> <p>By completing the forms which are part of the Application Package, I hereby consent and authorize the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official or to a contractor acting on behalf of the Postal Service or Postal Inspection Service by any person, corporation, agency, or association concerning my character, employment, criminal records, driving records or military service as may be deemed relevant and necessary for a determination of my suitability for employment with the USPS.</p> <p>This authorization is executed with full knowledge and understanding 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.</p> <p>By executing this document, whether by signing or in electronic format, I hereby RELEASE the aforementioned persons, corporations, 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.</p> <p>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.</p> <p>PRIVACY ACT STATEMENT: This notice is applicable to all forms which are used by the U.S. Postal Service and the U.S. Postal Inspection Service. The information will be used to determine my suitability for employment. Collection is authorized by 39 U.S.C. §§ 401, 409, 410, 1001, 1003, 1004, 1005, and 1206; and 29 U.S.C. § 2601 et seq. Providing the information is voluntary, but if not provided, we may be unable to process your request and 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 the 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; to the Merit Systems Protection Board or Office of Special Counsel; and the Selective Service System. Additional information regarding the USPS privacy policy may be found at usps.com.</p>
1b: Residence History	
2: Other Names Used	
3a: High School	
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7b: Liabilities	
8: Student Loan	
9a: Driver's License Information	
9b: Driving Accidents	
9c: Driving Violations	
10: Attach Documents	
11: Complete and Submit	
Review and Print	<input type="button" value="Review and Print"/>
* Required Fields	<p>Your application has been submitted.</p>

You will see this message: “*Your application has been submitted.*”

Thank you for your application. If you have any questions about your application, email PIRecruitment@usps.gov