

**Preferred Assignment Multiple Bid Card**  
**(See Privacy Act Statement on Reverse)**

Name (Last, First, Middle Initial)	Social Security Number
Posting/Notice Number	Date

**Present Assignment**

Craft	Pay Location
Position Title	Route No. (Carriers)

Choice	Job Number	Choice	Job Number	Choice	Job Number
1.		16.		31.	
2.		17.		32.	
3.		18.		33.	
4.		19.		34.	
5.		20.		35.	
6.		21.		36.	
7.		22.		37.	
8.		23.		38.	
9.		24.		39.	
10.		25.		40.	
11.		26.		41.	
12.		27.		42.	
13.		28.		43.	
14.		29.		44.	
15.		30.		45.	

Applicant's Signature	Date
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"The collection of this information is authorized by 39 U.S.C. 1001. This information will be used to determine your qualifications and suitability for USPS employment. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, to the Office of Management and Budget for review of private relief legislation, to any agency where relevant to hiring, contracting, or licensing 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 this information is not provided, you may not receive full consideration for a position."

### Clerk Craft — Scheme Training/Testing Alternative Election

If I am the **Senior Bidder** for a preferred duty assignment that requires scheme knowledge I elect the following **Scheme Training/Testing Alternative**:

**Check one**

- a. [ ] I elect to use annual leave for required scheme training/testing. I understand that when I pass the appropriate scheme examination and accept the position, that the annual leave I have used will be converted to hours worked and my annual leave balance will be recredited with a like number of hours.
  
- b. [ ] I elect to enter into scheme training/testing outside my regularly scheduled work hours. I understand that I will not receive compensation at the appropriate over-time rate unless I pass the appropriate scheme examination and accept the position.

\_\_\_\_\_  
Employee's Signature

### For Personnel Use Only

Qualification Requirements	Attendance Record
Performance	Personnel Folder
Qualified Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Schemes
Remarks	