

AR 5994 1/8

548/6

Employment Applications - undated, 1943-1948

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

SEL. NO.

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:
 To U. S. Civil Service Commission

| | | | |
|---|--|--|---|
| 1. Name of examination, if any, or name of position applied for: | AV. | This space for U. S. Civil Service Commission | To U. S. Civil Service Commission |
| 2. Place of examination (if a written test), or place of employment applied for: (City and State) | | | |
| 3. Optional subject (if mentioned in examination announcement): | | | |
| 4. -- Mrs. <u>Edith</u> <u>Carrie</u> <u>Falk</u> -- Miss (First name) (Middle) (Maiden, if any) (Last) | | | O. S. Gr. E & E. P & D. Int. |
| 5. <u>Gr. "A" 7742 C.C.D. - EUCOM.</u> (R. D. or street and number) <u>A.P.O. 407 - U.S. ARMY</u> (City or post office, and State) | | | |
| 6. Date of birth (month, day, year): <u>5 July 1911</u> | 7. Age last birthday: <u>36</u> | 8. Date of this application: | -- Preference: Adm'd exam. ----- Allowed ----- -- Veteran. Approved by ----- -- Disability. Exam. date ----- -- Wife. Not Ra. ----- -- Widow. Date Reg. ----- -- Disallowed. Material att'd. ----- -- Closed. Material filed ----- |
| 9. Legal or voting residence: State <u>New York, N.Y.</u> | 10. Telephone numbers: <u>Munich Military: 2328</u> (Residence phone) (Business phone) <u>Ext: 04</u> | 11. (a) Check one: -- Male. <input checked="" type="checkbox"/> -- Female. (b) Check one: -- Widowed. <input checked="" type="checkbox"/> -- Single. -- Separated. -- Married. -- Divorced. | 12. Height, with out shoes: <u>5</u> ft. <u>1</u> in. Weight: <u>150</u> lb. |
| 13. Where were you born? <u>Miltenberg, Germany.</u> (Town) (State or country) | | | -- Indian. -- Material ret. ----- |

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|--|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign born, documentary proof of citizenship. Documents will be returned. | <input checked="" type="checkbox"/> | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard Date | | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled veteran. -- Widow of veteran. | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board If classified, give your classification Your order number | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization (b) Are you now on active duty? | | |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife | | |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess. | | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. <input checked="" type="checkbox"/> 3 months. <input checked="" type="checkbox"/> 1 month. | <input checked="" type="checkbox"/> | |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences (b) Would you accept appointment outside the United States? Give locations acceptable | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Are you NOW employed by the Federal Government? <u>WAR. Dept. Gr. "A" 7742 C.C.D. - EUCOM. A.P.O. 407 - U.S. ARMY. Munich, Germany (Telecom. Dept.)</u> (a) If so, give name, address, relationship, and branch of service of each such relative under Item 45. (b) If you now are or have ever been so employed, give dates: from <u>23 April</u> 19 <u>45</u> to <u>October</u> 19 <u>47</u> (Month) (Year) (Month) (Year) | | <input checked="" type="checkbox"/> | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | |
| | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: -- Occasionally. <input checked="" type="checkbox"/> Frequently. -- Constantly. | | |
| | | | 30. How much notice will you require to report for work? | | |

Print or type your name here as in Item 4 _____

31. (a) Have you ever **filed** applications for any Federal civil service examinations? (If so, list them below.) Yes No

| Titles of examinations | Examined in what cities | Month and year | Ratings |
|------------------------|-------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|-----------------------------|----------------|-----|-----------------|-------|-------------------|------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university | | | | | | | |
| (c) Other | | | | | | | |

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

| 33. Indicate your knowledge of foreign languages. | READ | | | SPEAK | | | UNDERSTAND | | | 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No |
|---|------|------|------|-------|------|------|------------|------|------|--|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

If not, have you ever been licensed? _____
 Give kind of license and State _____
 Earliest license (year) _____
 Most recent license (year) _____

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|-----------|--|------------------------|
| | | |
| | | |
| | | |
| | | |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place | From | To | Exact title of your position | Salary: Starting | Per year | Final |
|------------------|---|---------------|--------------|---|------------------|----------|-------|
| | Munich, Germany (War Dept.) | 23 April 1945 | October 1947 | Chief Censor, Telecommunications Dept. | \$2603.- | \$5187.- | |
| | War Dept. - Gr. #A-7742 | | | | | | |
| | C.E.D. - Eucom. Telecom. Dept. | | | | | | |
| | A. P. O. 407 - U. S. Army | | | | | | |
| | Kind of business or organization: Telecommunication Dept. | | | Duties and responsibilities: Confidential and Secret Work Liaison with various departments, user-agencies, field-teams, special assignment units, etc. Writing, editing, compiling of recurrent special reports. Issuing of special bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative & operating supervisory positions of correct interpretation of requirements, directives, etc. Ascertaining of training needs, arranging for such training to be given, etc. | | | |
| | Number and class of employees you supervised: Reviewers, Rel. Rec. Analysts, Training Instr. Rel. Rec. Clerks | | | Machines and equipment you used: | | | |
| | Name and title of your immediate supervisor: Chief, Telecom. Dept. Mr. Bela Zempleny. | | | | | | |

Keeping of informational files, library material,
 DO NOT WRITE IN THIS SPACE

Place New York City, N.Y.
(City) (State)
From Sept. 19 43 To April 19 45
(Month) (Year) (Month) (Year)
Name of employer: Federal Government
Office of Censorship
Address 242 Seventh Ave
New York City, N.Y.
Kind of business or organization: Postal Dept.
Editorial Unit.
Number and class of employees you supervised Appr. 20, writers
and supervisors
Name and title of your immediate supervisor Miss Gerda
Mueller

Reason for leaving Employment With
War Dept. overseas.

Place New York City, N.Y.
(City) (State)
From Oct. 19 36 To Sept. 19 43
(Month) (Year) (Month) (Year)
Name of employer: E.M. Gruenstein
Address 970 Park Ave
New York 28, N.Y.
Kind of business or organization: Private Home.
Number and class of employees you supervised

Name and title of your immediate supervisor Mrs. Delia
Gruenstein

Reason for leaving Employment With
Office of Censorship

Place New York City, N.Y.
(City) (State)
From Sept. 19 35 To Sept. 19 36
(Month) (Year) (Month) (Year)
Name of employer: H. R. Bretter
Address 1400 Broadway
New York City, N.Y.
Kind of business or organization: Private Home
Number and class of employees you supervised

Name and title of your immediate supervisor Mrs. Lillian
Bretter

Reason for leaving Financial
Betterment

Place Le Havre, France
(City) (State)
From July 19 33 To July 19 35
(Month) (Year) (Month) (Year)
Name of employer: Dr. André Porcheron
Address 9 Rue Gambetta
Le Havre, Ste. Infre.
Kind of business or organization: Doctors Office
Number and class of employees you supervised

Name and title of your immediate supervisor Dr. A. Porcheron

Reason for leaving Emigration to
U.S.A.

Exact title of your position Translator - P.A.C. Salary: Starting, \$ 1800.-
Supervisor Editorial Unit Per year Final, \$ 2190.-

Duties and responsibilities Editing, translating and
compiling of classified reports.
Teaching and training functions while
temporarily attached to Training
School. Indoctrination and
interviewing of new employees.
Giving of examinations, grading of
examination papers. Starting
of entire new section (Editorial
Unit) within the Office of Censorship.
Machines and equipment you used Confidential and Secret
Work.

Exact title of your position Private Tutor - Salary: Starting, \$
Kindergarten Teacher. Per Final, \$

Duties and responsibilities Teaching of Kindergarten
Work and elementary subjects.

Machines and equipment you used

Exact title of your position Kindergarten Salary: Starting, \$
Teacher Per Final, \$

Duties and responsibilities Teaching of Kindergarten
Work.

Machines and equipment you used

Exact title of your position Teacher and Salary: Starting, \$
Doctors Assistant. Per Final, \$

Duties and responsibilities Teaching of German.
Secretary and Assistant to
French Doctor, also doing
interpreting for German speaking
patients.

Machines and equipment you used

37. Experience (cont'd)

Place & Date: Berlin, Germany.
From: July 1930, To: November 1932

Business & name of employer:
Dr. J. Steinberg
21 Zehlendorferstrasse
Kind of Business:
Boarding School.

Duties & Responsibilities: Teacher.

Teaching of German and
of elementary subjects.

Place & Date: New York 51. N. Y.
From: July 1935, To: Sept. 1935

Business & Name of employer:
S. H. Albert
760 Grand Concourse
New York 51. N. Y.

Duties & Responsibilities:

Visiting with Cousin
at time of arrival in
New York.

Place & Date: Mittenberg, Germany.

Business & Name of employer
Karl FALK
317 Hauptstrasse

Duties & Responsibilities:

Working in retail and
wholesale business of
my father, now residing
in New York since 1936.

Place & Date
Business & name of employer

Duties & Responsibilities

Place & Date
Business & name of employer

Duties & Responsibilities

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):
None

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
Wife Husband Father Mother.

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multiith, key-punch, turret-lathe, or scientific or professional devices:

SKILL _____ SKILL _____

SKILL _____ SKILL _____

Words per minute in typing _____; stenography _____

Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer Personnel, Organizational, Research, Newspaper, Relief, Radio, etc.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions.

Item No. Write in left column numbers of items to which detailed answers apply

1 Karl Falk
2 Merchingen, Germany.
3 German
4 January 1942

1 Stepmother: Margarethe Falk
Maiden name: Hilb
2 Esslingen
3 German
4 January 1942

Reference paragraph 41(b)

1.
2. Brother: Rudolf Falk
3. Last residence: Berlin.
Whereabouts unknown since 1939.
Believed to have perished in a concentration camp.
Reported from Berlin, probably before or after 1939.

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) Miss Edith C. Falk
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

This space for U. S. Civil Service Commission
SEL. NO.

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | |
|--|-----|---|
| 1. Name of examination, if any; or name of position applied for: | AV. | This space for U. S. Civil Service Commission |
| 2. Place of examination (if a written test), or place of employment applied for: | | |
| 3. Optional subject (if mentioned in examination announcement): | | |

To U. S. Civil Service Commission

| | | | | | |
|--|---|--|---|--|--|
| 4. <input checked="" type="checkbox"/> Miss <u>Edith Carrie</u> <u>Falk</u> (First name) (Middle) (Maiden, if any) (Last) | | O. S. _____ | | | |
| 5. <u>970 Park Ave</u> <u>Apt. 9N</u> (R. D. or street and number) | | Gr. _____ | | | |
| <u>New York City</u> (City or post office, and State) | | E & E. _____ | | | |
| 6. Date of birth (month, day, year): <u>July 5, 1911</u> | 7. Age last birthday: <u>31 years</u> | 8. Date of this application: <u>Jan. 27, 1943</u> | Preference: _____ | Adm'd exam. _____ | |
| 9. Legal or voting residence: State <u>N. Y.</u> | 10. Telephone numbers: <u>Bu 2-1769</u> <u>same</u> (Residence phone) (Business phone) | 11. (a) Check one: <input checked="" type="checkbox"/> Male. <input checked="" type="checkbox"/> Female. | (b) Check one: <input checked="" type="checkbox"/> Single. <input type="checkbox"/> Married. <input type="checkbox"/> Widowed. <input type="checkbox"/> Separated. <input type="checkbox"/> Divorced. | 12. Height, with-out shoes: <u>5 ft. 6 in.</u> | Weight: <u>145</u> lb. |
| 13. Where were you born? _____ (Town) (State or country) | | <input type="checkbox"/> Indian. | <input type="checkbox"/> Material att'd. | <input type="checkbox"/> Material filed. | <input type="checkbox"/> Material ret. |

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|---|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned. | <input checked="" type="checkbox"/> | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: Army. Navy. Marine. Coast Guard. Date _____ | | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: Veteran. Disabled. Wife of disabled veteran. Widow of veteran. If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein. | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board. If classified, give your classification. Your order number _____ | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization. (b) Are you now on active duty? | | <input checked="" type="checkbox"/> |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife _____ | | <input checked="" type="checkbox"/> |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: _____ Occasionally. Habitually. To excess. | | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? 6 months. 3 months. 1 month. | | <input checked="" type="checkbox"/> |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location and preference: _____ | <input checked="" type="checkbox"/> | |
| 21. Are you NOW employed by the Federal Government? (a) If so, (Department or agency) (Bureau) (Location) (b) If you now are or have ever been so employed, give dates: from (Month) 19 (Year) to (Month) 19 (Year) | | <input checked="" type="checkbox"/> | (b) Would you accept appointment outside the United States? Give locations acceptable: _____ | <input checked="" type="checkbox"/> | |
| | | | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | <input checked="" type="checkbox"/> | |
| | | | 28. What is the lowest entrance salary you will accept? \$1800.- per year. You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: <input checked="" type="checkbox"/> Occasionally. <input checked="" type="checkbox"/> Frequently. <input type="checkbox"/> Continually. | | |
| | | | 30. How much notice will you require to report for work? <u>10 days</u> | | |

Print or type your name here as in Item 4. Edith Carrie Falk

31. (a) Have you ever **filed** applications for any Federal civil service examinations? (If so, list them below) Yes No

| Titles of examinations | Examined in what cities | Month and year | Ratings |
|------------------------|-------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No

32. EDUCATION (a) Circle highest grade completed, elementary or high school 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|-----------------------------|----------------|-----|-----------------|-------|-------------------|------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university | | | | | | | |

(c) Other Finishing school
Kindergarten Seminar Studies

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |
| | | | |
| | | | |

33. Indicate your knowledge of foreign languages.

| | READ | | | SPEAK | | | UNDERSTAND | | |
|---------------|------|------|------|-------|------|------|------------|------|------|
| | Exc | Good | Fair | Exc | Good | Fair | Exc | Good | Fair |
| <u>German</u> | ✓ | | | ✓ | | | ✓ | | |
| <u>French</u> | | ✓ | | | ✓ | | | ✓ | |

34. Are you **now** a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No
 If not, have you ever been licensed?
 Give kind of license and State
 Earliest license (year)
 Most recent license (year)

35. REFERENCES. List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|---------------------------------|--|------------------------|
| <u>Mr. B. M. Gruenstein</u> | <u>970 Park Ave - Apt. 9N</u> | <u>Real Estate</u> |
| <u>Miss Flora Levy</u> | | <u>Social Worker</u> |
| <u>Miss Anne Liese Friedsam</u> | | |
| <u>Mr. H. R. Bretter</u> | | |
| <u>Miss K. Schreibstein</u> | | |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. **Start with your present position and work back to the first position you held**, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place (City, State) | Exact title of your position | Salary: Starting, \$ |
|--|--|---|--|
| | From <u>October 1936</u> to <u>19</u> Name of employer: <u>Mrs. Mrs. B. M. Gruenstein</u> Address: <u>970 Park Ave - Apt. 9N</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised: <u> </u> Name and title of your immediate supervisor: <u>Mrs. B. M. Gruenstein</u> | <u>New York N.Y.</u> <u>Kindergarten-Governess</u> Salary: Starting, \$ <u>65</u> per month <u>Board & Lodging</u> | <u>Complete physical and educational supervision of 2 girls - teaching of Kindergarten work and using recreational activities, assisting in school home-work - all responsibilities relating to emotional welfare.</u> |
| Kind of business or organization: Number and class of employees you supervised: Name and title of your immediate supervisor: | Machines and equipment you used: | Duties and responsibilities: | Salary: |

Place New York N.Y.
 From Sept. 1935 To Sept. 1936
 Name of employer: Mrs. H. R. Bretter
 Address 1400 Broadway
90 Bretter & Levine
 Kind of business or organization:
Private Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor
Mrs. H. R. Bretter
 Reason for leaving Financial Betterment

Exact title of your position Governess-Nurse Salary: Starting, \$ 45 per Month
plus Board Lodging Per Final, \$
 Duties and responsibilities Nursing of 16 month old Baby
July 35 - Sept. 35 Cousin's House
S. Albert 760 Grand Concourse
 Machines and equipment you used

Place Le Havre France
 From July 1933 To July 1935
 Name of employer: Dr. André Porcheron
 Address 9 Rue Gambetta
 Kind of business or organization:
Doctors Office & Private Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving Emigration to U.S.A.

Exact title of your position Tutor and Salary: Starting, \$
Doctor's Assistant Per Final, \$
 Duties and responsibilities Tutoring of 2 Boys in
German supervising of Sports,
assisting at Doctors Office.
Relatives in Stuttgart
& Berlin - Br. & Sister of
Mothers Not heard from since
start of war. whereabouts unknown.
 Machines and equipment you used Heizo Horisch
London since 1910
married no children.

Place Berlin Germany
 From July 1930 To March 1934
 Name of employer: H. J. Heimberg
 Address 21 Zehlendorferstr.
 Kind of business or organization:
Ch. Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving Advent of Hitlerism
& Economic collapse

Exact title of your position
 Salary: Starting, \$
 Per Final, \$
 Duties and responsibilities
Arrival in U. S. A
July 16, 1935
Southern District Court of N.Y.
July 17, 1941
Certificate No. 4969652
 Machines and equipment you used

Place
 From 19 To 19
 Name of employer:
 Address
 Kind of business or organization:
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving

Exact title of your position B. M. G. Salary: Starting, \$
 Per Final, \$
 Duties and responsibilities
Complete Educ. Supervision of 2 girls
all their relatives for emotional adjustment
wellfare - organization of recreational
activities - teaching of Kindergarten work
Music - sports - assisting in school home
work
(Bretter)
Nursing - young Baby boy with
phys. welfare & organization of play
activities
 Machines and equipment you used

38. Do you hold any position or office under any State, Territory, county, or municipality? X
If so, give details under Item 45. Yes No

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? X
If so, give details under Item 45. Yes No

40. Show name and address of wife's (or husband's) employer (if none, write "None"):

41. (a) Were any of the following members of your family born outside Continental U. S. A.? X
Yes No

--- Wife --- Husband ✓ Father ✓ Mother.
If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Brother X
Yes No
If so, for each relative show under Item 45 the (1) name, (2) relationship (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:

SKILL ----- SKILL -----
SKILL ----- SKILL -----
Words per minute in typing 30; stenography German
Do you have a license to operate an automobile? X
Yes No

43. State what kind of work you prefer Research - Chemistry
Organizational - Temp. Rep. Public Aff. Bldg.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions:

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 41 | Rudolf Falk Brother Berlin - Germany Milttenberg am Main - Germany Excluded from German citizenship Residence at present unknown |
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If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."
(Signature of applicant) X
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant this day of 19....., at city [or town] of county of and State [or Territory or District] of

(Signature of officer)
(Official title)

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

This space for U. S. Civil Service Commission
SEL. NO.

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | | |
|--|-----|---|-----------------------------------|
| 1. Name of examination, if any; or name of position applied for: | AV. | This space for U. S. Civil Service Commission | To U. S. Civil Service Commission |
| 2. Place of examination (if a written test), or place of employment applied for: | | | |
| (City and State) | | | |
| 3. Optional subject (if mentioned in examination announcement): | | | |

4. -- Mr. Edith Carrie Falk
-- Miss (First name) (Middle) (Maiden, if any) (Last)

5. 970 Park Ave. Apt. 9N
(R. D. or street and number)
New York 28, N. Y.
(City or post office, and State)

6. Date of birth (month, day, year): July 5, 1911
7. Age last birthday: 32
8. Date of this application: Dec. 31, 1943

9. Legal or voting residence: State New York

10. Telephone numbers: Bu 8-1769 Br 9-8600
(Residence phone) (Business phone)

11. (a) Check one: Male. Single. Separated. Widowed.
 Female. Married. Divorced.

12. Height, with-out shoes: 5 ft. 0 in. Weight: 145 lb.

13. Where were you born? Miltenberg-on-the-Main Germany.
(Town) (State or country)

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|--------|--|--|--|
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-- Preference: Adm'd exam. -----
Allowed-----
-- Veteran. Approved by -----
-- Disability. Exam. date -----
-- Wife. Not. Ro. -----
-- Widowed. Date Reg. -----
-- Disallowed. -----
-- Closed. -----
-- Material att'd. -----
-- Material filed. -----
-- Indian. -----
-- Material ret. -----

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|---|-----|----|---|-----|----|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned. | X | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard. Date ----- | | X |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | X | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled veteran. -- Widowed veteran. If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein. | | X |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | X | 23. Have you registered under the Selective Service Act? If so, give address and number of local board. If classified, give your classification. Your order number ----- | | X |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | X | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization. (b) Are you now on active duty? ----- | | X |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | X | 25. Give number of persons completely dependent on you, other than husband or wife ----- | | X |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess. | | X | 26. Would you accept short-term appointment? -- 6 months. -- 3 months. -- 1 month. | | X |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | X | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences. (b) Would you accept appointment outside the United States? Give locations acceptable. <u>Europe (France)</u> <u>(Germany-Spain-Italy, etc.)</u> (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | X |
| 21. Are you NOW employed by the Federal Government? (a) If so, <u>Office of Censorship</u> <u>New York, N. Y.</u> (b) If you now are or have ever been so employed, give dates: from <u>Sept. 7</u> 19 <u>43</u> to ----- 19 <u>43</u> | X | | 28. What is the lowest entrance salary you will accept? You will not be considered for positions paying less. <u>\$2000.</u> per year | | X |
| | | | 29. If you are willing to travel specify: -- Occasionally. <input checked="" type="checkbox"/> Frequently. -- Constantly. | | X |
| | | | 30. How much notice will you require to report for work? <u>1 week</u> | | X |

Print or type your name here as in Item 4 Edith Carrie Falk

31. (a) Have you ever **filed** applications for any Federal civil service examinations? (If so, list them below.) Yes No

| Titles of examinations | Examined in what cities | Month and year | Ratings |
|---|-------------------------|-------------------|---------|
| Translator for English and German Clerk-Office of Censorship | New York City | February 10, 1943 | |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit | |
|--|----------------|-----------|-----------------|---------------|--|------|-----------------------|---------------|
| | From— | To— | Day | Night | Title | Date | | |
| (b) College or university College of The City of New York | Oct. 1943 | June 1944 | | ✓ | | | | |
| (c) Other Women's School of Social Sciences Kindergarten Seminar | 1927 | 1928 | | | | | | |
| | 1928 | 1929 | | | | | | |
| (d) List your four chief undergraduate subjects | | | | Semester hrs. | List your four chief graduate subjects | | | Semester hrs. |
| | | | | | | | | |

33. Indicate your knowledge of foreign languages.

| | READ | | | SPEAK | | | UNDERSTAND | | |
|--------|------|------|------|-------|------|------|------------|------|------|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair |
| German | ✓ | | | ✓ | | | ✓ | | |
| French | | ✓ | | | ✓ | | | ✓ | |

34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No
 If not, have you ever been licensed? _____
 Give kind of license and State _____
 Earliest license (year) _____
 Most recent license (year) _____

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|-----------------------|---|---------------------------|
| Mr. B. M. Gruenstein | 970 Park Ave New York City | Real Estate Broker |
| Mr. H. R. Bretter | 1400 Broadway New York City | Dress Manufacturer |
| Miss Flora Levy | 5401 Harper Ave Chicago, Ill. | Social Worker |
| Mrs. A. Korner | 80-15 Grenfell Ave New Gardens, L.I. | Psychiatric Social Worker |
| Mr. B. S. Loewenstein | 12 East 88 Street New York City | Lawyer |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

Place New York (City) N.Y. (State) Exact title of your position Clerk Salary: Starting, \$2190.-
 From September 1943 to _____ 19____
 (Month) (Year) (Month) (Year) Per Year Final, \$ _____
 Name of employer: The Office of Censorship Duties and responsibilities As I have taken an oath of secrecy, I may not disclose my duties and responsibilities. Confidential work. Have done supervisory work since March 6, 1943, as well as teaching & instructing within the office. Started entire new department trained Personnel for it. Interviewed Personnel - Graded
 Address 244 Seventh Ave
New York City, N.Y.
 Kind of business or organization: Federal Government
 Number and class of employees you supervised _____
 Name and title of your immediate supervisor Mrs. Dorothea W. Robinson
 Machines and equipment you used Examination papers.

Place New York N.Y.
From October 1936 To September 1943

Name of employer: Mr. & Mrs. B.M. Gruenstein
Address 970 Park Ave - Apt. 9N

Kind of business or organization: Private Home
Number and class of employees you supervised

Name and title of your immediate supervisor: Mrs. B.M. Gruenstein

Reason for leaving: Personal wish to be associated with the War Effort

Place New York N.Y.
From September 1935 To September 1936

Name of employer: Mrs. Mrs. H. R. Bretter
Address 1400 Broadway c/o Bretter & Levine

Kind of business or organization: Private Home
Number and class of employees you supervised

Name and title of your immediate supervisor: Mrs. H. R. Bretter

Reason for leaving: Financial Betterment

Place Le Havre France
From July 1933 To July 1935

Name of employer: Dr. André Porcheron
Address 9 Rue Gambetta

Kind of business or organization: Doctor's Office & Private Home
Number and class of employees you supervised

Name and title of your immediate supervisor: Dr. & Mrs. A. Porcheron

Reason for leaving: Emigration to U.S.A.

Place Berlin Germany
From July 1930 To November 1932

Name of employer: Dr. J. Steinberg
Address 21 Zehlendorferstrasse

Kind of business or organization: Children's Boarding School
Number and class of employees you supervised

Name and title of your immediate supervisor: Miss E. Esselsohn

Reason for leaving: Advent of Hitlerism Economic Collapse

Exact title of your position: Kindergartner Salary: Starting, \$ 65.-
Governess Per Month Final, \$ 100.-

Duties and responsibilities: Complete physical and educational supervision of 2 girls. Teaching of Kindergarten work and using recreational activities assisting in School Home work. All responsibilities relating to emotional welfare. Teaching of Music, Sports etc.

Machines and equipment you used

Exact title of your position: Governess-Nurse Salary: Starting, \$ 45.-
Per Month Final, \$

Duties and responsibilities: Nursing of small Baby Boy including physical welfare and organization of Play Activities.

Machines and equipment you used

Exact title of your position: Tutor and Doctor's Assistant Salary: Starting, Francs 300.-
Per Month Final, \$

Duties and responsibilities: Tutoring of 2 Boys in German, supervision of French School work, Teaching of Sports and Music. Assisting at Doctor's Office. Interpreter for German speaking Patients.

Machines and equipment you used

Exact title of your position: Teacher Salary: Starting, Mark 65.-
Per Month Final, \$ 95.-

Duties and responsibilities: Educational and Physical Welfare and Guidance of a mixed group of children. Teaching of German to foreign born children up to the age of 15 years - from 6- Supervision of Sports Music. Organization of Recreational Activities.

Machines and equipment you used

CONTINUATION SHEET

For Question 37, "Application for Federal Employment," Standard Form No. 57

1. Title of examination (if submitted as an application for same):
2. Date of birth: (Month, day, and year)
3. Applicant's first, middle, and last names, and full address:

July 5, 1911
Edith Carrie Falk, 970 Park Ave, New York.

Place Bronx N.Y. N.Y.
From July 1935 To September 1935
Name of employer: S. Albert
Address 760 Grand Concourse
Bronx N.Y.
Kind of business or organization:
Number and class of employees you supervised
Name and title of your immediate supervisor
Exact title of your position
Salary: Starting, \$
Per Final, \$
Duties and responsibilities
Visiting with Cousin at time of arrival in New York.

Reason for leaving
Place Miltenberg Germany
From Nov. 1932 To July 1933
Name of employer: Karl Falk
Address 317 Hauptstrasse
Miltenberg-on-the-Main
Kind of business or organization:
Number and class of employees you supervised
Name and title of your immediate supervisor
Exact title of your position
Salary: Starting, \$
Per Final, \$
Duties and responsibilities
Staying at Parents Home.

Reason for leaving
Place
From 19 To 19
Name of employer:
Address
Kind of business or organization:
Number and class of employees you supervised
Name and title of your immediate supervisor
Exact title of your position
Salary: Starting, \$
Per Final, \$
Duties and responsibilities

Reason for leaving
Place
From 19 To 19
Name of employer:
Address
Kind of business or organization:
Number and class of employees you supervised
Name and title of your immediate supervisor
Exact title of your position
Salary: Starting, \$
Per Final, \$
Duties and responsibilities

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
--- Wife --- Husband Father Mother.

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother, (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Brother-Uncle-Aunt Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:

SKILL _____ SKILL _____
SKILL _____ SKILL _____
Words per minute in typing 30 stenography German
Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer: Personnel work-Reliefs Rehabilitation Propaganda-Research, Radio, Newspaper

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions:

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 38 | I am employed at the present time by the Federal Government. |
| 41 | Brother: Rudolf Falk Berlin-Germany Milttenberg am Main-Germany As member of Semitic Race excluded from German Citizenship. Afflicted since childhood with Infantile Paralysis whereabouts unknown since 1939- believed to be deported. |
| 41 | Uncle: Hugo Hirsch Living in London since 1910 England |
| 41 | Brother & Sister of my Stepmother living in Stuttgart and Berlin-Germany whereabouts unknown since 1939 |

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.
The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs." and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) _____
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant this _____ day of _____, 19____, at city [or town] of _____ county of _____, and State [or Territory or District] of _____

(Signature of officer) _____
(Official title) _____

PERSONAL HISTORY STATEMENT

Read the certificate at the end of this questionnaire before filling in your answers. Print or type all answers. All questions and statements must be completed. If proper answer is "No" or "None", so state. Detail is requested for your protection since in subsequent investigations which may be conducted, derogatory information on persons of same or similar names may be disclosed and background information is needed for clear identification. Fill out, sign and execute in duplicate and return both copies to requesting agency. If more space is required, use space "Remarks" or attach separate sheet.

| | | | |
|---|----------------------------------|--|-----------------------------------|
| DATE 19 Sept. 1947 | | PLACE Munich - Germany. | |
| 1. LAST NAME - FIRST NAME - MIDDLE NAME Falk Edith Carrie | | 2. NICKNAMES, ALIASES OR CHANGES OF NAME None | |
| 3. PRESENT RANK (or rank prior to separation or relief from active duty) CAF-9 U.S. Civilian - W.D.E. | | 4. ARM OR SERVICE War Dept. | 5. SERIAL NUMBER 441040 |
| 6. DRAFT BOARD NUMBER | 7. DRAFT BOARD ADDRESS | | |
| 8. PRESENT MILITARY ASSIGNMENT (Organization, Post, Camp or Station Location) OR PRESENT EMPLOYING AGENCY Gr. "A." 7742 C.C.D. - EUCOM. A.P.O. 407 Clo U.S. ARMY | | | |
| 9. LAST CIVILIAN ADDRESS BEFORE ENTERING THE ARMED FORCES (Street and Number, City, County and State) 970 Park Ave, New York City, N.Y. | | 10. PRESENT RESIDENCE ADDRESS (Street and Number, City, and State) 232 East-165 Street, New York 56, N.Y. | |
| 11. RACE White | 12. HEIGHT 5 FT. 1 IN. | 13. WEIGHT 150 LBS. | 14. COLOR OF EYES Grey |
| 15. COLOR OF HAIR Brown | | 16. COMPLEXION Medium | |
| 17. CITIZENSHIP (Name country) American | | 18. HOW OBTAINED <input type="checkbox"/> BIRTH <input checked="" type="checkbox"/> NATURALIZATION <input type="checkbox"/> THROUGH PARENTS' NATURALIZATION | |
| 19. IF NATURALIZED, GIVE NATURALIZATION CERTIFICATE NO. - Not Known - Papers in New York. | | 20. PLACE NATURALIZED AND COURT OF JURISDICTION New York Southern District Court | |
| 21. DATE NATURALIZED July 1940/1941 | | 22. DATE AND PORT OF ENTRY TO U.S., IF BORN OUTSIDE U.S. AND ITS TERRITORIES July 1935 - New York City, N.Y. | |
| 23. DATE OF BIRTH 5 July 1911 | | 24. PLACE OF BIRTH (City, County, State and Country) Miltenberg - Germany. | |
| 25. DO YOU HAVE A BIRTH CERTIFICATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 26. IS IT RECORDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 27. WHERE RECORDED Place of birth & Washington, D.C. | | 28. SCARS OR DISTINGUISHING MARKS None | |
| 29. EDUCATION (List Grammar Schools, High Schools, and Colleges) | | | |
| SCHOOL ATTENDED | LOCATION | TYPE | DATES OF ATTENDANCE |
| Grammar School | Miltenberg | Public School | 1917 - 1921 |
| High School | " | Private School | 1921 - 1927 |
| Philanthropin | Frankfurt | Private School | 1927 - 1928 |
| Kindergarten Seminar | " | Public School | 1928 - 1929 |
| City College Evening Extension Courses / New-York | | " College | Oct. 1943 - June 1944 |
| 30. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC. ATTAINED | | | |
| 31. MEMBERSHIP IN SCHOOL SOCIETIES, FRATERNITIES, OR CLUBS (List all) | | | |
| 32. LIST ALL ORGANIZATIONS, SOCIETIES, CLUBS AND ASSOCIATIONS, PAST OR PRESENT, IN WHICH YOU HAVE HELD MEMBERSHIP (Other than shown in Item 31) German - Jewish Club, West 88th Street, New York City, N.Y. Committee To Aid France (?), was afterwards incorporated into "Freedom House." - New York City, N.Y. France Forever, Fifth Ave, New York City, N.Y. | | | |

| 33. RESIDENCE FROM BIRTH | | | | |
|--------------------------|-------------------|---------------------------------|------------------|---------|
| DATE (From - To) | STREET AND NUMBER | CITY | STATE OR COUNTRY | |
| 1911 | 1927 | Hauptstrasse 317 | Miltenberg | Germany |
| 1927 | 1928 | Taunusanlage (?) | Frankfurt | " |
| 1928 | 1929 | " (?) | " | " |
| 1929 | 1930 | Taunusanlage & Hauptstrasse 317 | Frankfurt | " |
| 1930 | 1932 | Zehlendorferstrasse 21 | Berlin | " |
| 1932 | 1933 | Zehlendorferstrasse 21 | Miltenberg | " |
| 1933 | 1935 | Rue Gambetta 9 | Le Havre | France |
| 1935 | 1936 | 20 W-86 St. | New York City | U.S.A. |
| 1936 | 1945 | 16 W-77 St. & 970 Park Ave | " | " |
| 1945 | 1947 | Gr. "A" 7742 C.C.D. (P. time) | Munich | Germany |

A. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT OF A FOREIGN NATION AS A CIVILIAN YES NO
 IF YES, GIVE NATION OF SERVICE:

| DATE (From - To) | EMPLOYED AS | EMPLOYED BY (Division, Dept., or Agency) |
|------------------|-------------|--|
| | | |

LOCATION (City and Country) REASON FOR TERMINATION

B. HAVE YOU EVER BEEN EMPLOYED BY A PRIVATE FIRM OF A FOREIGN NATION YES NO IF YES, GIVE NAME AND LOCATION OF FIRM

| DATE (From - To) | EMPLOYED AS | LOCATION OF EMPLOYMENT |
|------------------|-------------|------------------------|
| | | |

REASON FOR TERMINATION

C. EMPLOYMENT OTHER THAN ABOVE (In Chronological Order - Including part time) SOCIAL SECURITY NUMBER

| DATE (From - To) | EMPLOYED BY (Give name, street and number, city and state) | EMPLOYED AS | REASON FOR TERMINATION |
|------------------|--|---|--|
| 1930 - 1932 | Dr. J. Steinberg, 21 Zehlendorferstr. Berlin-Germany | Teacher | Advent of Hitlerism - Emigration To France |
| 1933 - 1935 | Dr. André Porcheron, 9 Rue Gambetta, Le Havre, France | Secretary - Teacher | Emigration To U.S.A. |
| 1935 - 1936 | H. R. Bretter, 20 W-86 St. New York City, N.Y. | Nurse | Financial Betterment. |
| 1936 - 1943 | B. Gruenstein, 970 Park Ave, New York City, N.Y. | Teacher | Employment with Office of Censorship, New York |
| 1943 - 1945 | Office of Censorship, 242-7 Ave, New York City. | Examiner - D.A.C. Head of Editorial Unit | Employment with War Dept. overseas. |
| 1945 - 1947 | C.C.D. A.P.O. 407 - U.S. Army | Monitor, D.A.C. AC, Chief Censor - CAF-9 | Reactivation of Civil Censorship Division. |

D. NAME AND LOCATION OF EMPLOYING AGENCY OF WAR DEPARTMENT (for civilians only) Gr. "A" 7742 C.C.D.

| JOB TITLE | DOES POSITION INVOLVE HANDLING CLASSIFIED MATERIAL, IF YES, GIVE CLASSIFICATION |
|--|---|
| Telecom. Dept. A.P.O. 407 - U.S. ARMY (Munich - Germany) | |
| Telecom. Dept. | |

35. HAVE YOU EVER BEEN FIRED, ASKED TO RESIGN, FURLOUGHED (other than regular furlough or leave) OR PUT ON AN INACTIVE STATUS FOR CAUSE WHILE SERVING IN THE ARMY, NAVY, MARINE CORPS, OR COAST GUARD OF THE UNITED STATES OR IN ANY POSITION OF PRIVATE OR GOVERNMENT EMPLOYMENT. IF SO, STATE CIRCUMSTANCES

36. HAVE YOU EVER FILED APPLICATIONS FOR ANY FEDERAL CIVIL SERVICE EXAMINATIONS? YES NO

| TITLES OF EXAMINATIONS | EXAMINED IN WHAT CITIES | MONTH AND YEAR | RATING |
|------------------------|-------------------------|----------------|-----------|
| Translator | New York City | February 43 | Qualified |

37. MILITARY HISTORY

| | | | | |
|----------------------|---|--------------------------|---------------------------------------|---|
| A. DATE ENLISTED | DATE INDUCTED (If E.M.) | ENLISTED SERIAL NO. | DATE OF LAST DISCHARGE AS EM | DISCHARGE |
| WO - DATE OF WARRANT | WARRANT SERIAL NUMBER | DATE RELIEVED AS WO | DATE OF FIRST COMMISSIONED APMT | <input type="checkbox"/> W/O SPECIFICATION <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE |
| SOURCE OF COMMISSION | COMPONENT (RA, ORC, NG, AUS, Navy, Marine or Coast Guard) | DATE ENTERED ACTIVE DUTY | DATE SEP OR EXPIRATION OF TERMINAL LV | |

HAVE YOU EVER BEEN COURTS-MARTIALED? YES NO IF YES, EXPLAIN FULLY

B. HAVE YOU EVER SERVED IN THE ARMED FORCES OF A FOREIGN NATION YES NO

| PERIOD OF SERVICE (From-To) | ARM OR SERVICE |
|-----------------------------|----------------|
| | |

NATION OF SERVICE:

| HIGHEST GRADE ATTAINED | SERIAL NUMBER | DISCHARGE | ARMED FORCES |
|------------------------|---------------|--|--------------|
| | | <input type="checkbox"/> HONORABLE <input type="checkbox"/> W/O SPECIFICATION <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> TRF TO AMERICAN ARMED FORCES | |

38. FOREIGN COUNTRIES VISITED OR OVERSEAS DUTY

| COUNTRY | DATE | LENGTH OF STAY | PURPOSE |
|---------|-----------|----------------|---------------------------|
| France | 1933-1935 | 2 years | Emigration |
| Germany | 1945-1947 | 2 years | Employment with War Dept. |

39. FOREIGN LANGUAGES (Indicate: Fluent, Fair, Poor)

| LANGUAGE | CONVERSE | READ | WRITE |
|----------|----------|--------|--------|
| German | Fluent | Fluent | Fluent |
| French | Fair | " | Fair |

40. CREDIT REFERENCES (Give three)

| NAME | FULL ADDRESS |
|---------------------------------|------------------------------------|
| Nat. City Bank - Chelsea Branch | 23 St. 97 Ave, New York City, N.Y. |
| Dr. Irving Feuer | 784 Park Ave, New York City. |
| Dr. Albert S. Lyons | 50 East 77 Street, New York City. |

41. CHARACTER REFERENCES (Give five - Not employers or relatives)

| NAME | FULL ADDRESS |
|------------------------|------------------------------------|
| Mrs. J. Bettmann | 23 W - 73 St. New York City, N.Y. |
| Mrs. J. Fraenkel | 49 E - 86 St. " " " " |
| Mrs. B. S. Loewenstein | 1530 Locust Street Philadelphia. |
| Mrs. Elsa A. Hunter | 9 Risley Place, New Rochelle, N.Y. |
| Mrs. Anne Devenaux | 16 Broadway, Great Neck, L.I. |

42. FATHER

FATHER'S LAST NAME - FIRST NAME - MIDDLE NAME: **Falk Karl**

LIVING DECEASED IF DECEASED, GIVE DATE

PRESENT ADDRESS OR LAST ADDRESS, IF DECEASED (Street and Number, City, State and Country): **232 E - 165 St. New York 56, N.Y. U.S.A.**

DATE OF BIRTH: **1893** PLACE OF BIRTH (Country): **Germany (Merchingen)** CITIZENSHIP (Country): **U.S.A.**

IF YOUR CITIZENSHIP WAS DERIVED FROM FATHER'S NATURALIZATION, GIVE HIS NATURALIZATION CERTIFICATE NO., DATE, PLACE, NATURALIZED AND COURT OF JURISDICTION

OCCUPATION AND PRESENT EMPLOYER: **Not Known**

| | | | | | |
|--|----------------------------------|--|---|---|-----------------------------------|
| 43. MOTHER | | | | | |
| MOTHER'S LAST NAME - FIRST NAME - MIDDLE NAME <i>Hirsch Johanna</i> | | | <input type="checkbox"/> LIVING | IF DECEASED, GIVE DATE | |
| | | | <input checked="" type="checkbox"/> DECEASED | <i>August 1923</i> | |
| PRESENT ADDRESS OR LAST ADDRESS, IF DECEASED (Street and number, city, state and country) <i>Hauptstr. 317 Miltenberg, Germany</i> | | | | | |
| DATE OF BIRTH | | PLACE OF BIRTH (Country) | | CITIZENSHIP (Country) | |
| <i>Not available</i> | | <i>Germany</i> | | <i>German</i> | |
| IF YOUR CITIZENSHIP WAS DERIVED FROM MOTHER'S NATURALIZATION, GIVE HER NATURALIZATION CERTIFICATE NO., DATE, PLACE AND COURT OF JURISDICTION | | | | | |
| 44. STEP-PARENT | | | | | |
| STEP-PARENT'S LAST NAME - FIRST NAME - MIDDLE NAME <i>Hilb Margarethe</i> | | | ADDRESS (Street and number, city, state and country) <i>232 E - 165 St. New York 56.</i> | | |
| DATE OF BIRTH <i>1890</i> | | PLACE OF BIRTH (Country) <i>Germany</i> | | CITIZENSHIP (Country) <i>U.S. A.</i> | |
| OCCUPATION <i>Housewife</i> | | | PRESENT EMPLOYER <i>None</i> | | |
| 45. GUARDIAN | | | | | |
| GUARDIAN'S LAST NAME - FIRST NAME - MIDDLE NAME | | | ADDRESS (Street and number, city, state and country) | | |
| DATE OF BIRTH | | PLACE OF BIRTH (Country) | | CITIZENSHIP (Country) | |
| OCCUPATION | | | PRESENT EMPLOYER | | |
| 46. FATHER-IN-LAW | | | | | |
| FATHER-IN-LAW'S LAST NAME - FIRST NAME - MIDDLE NAME | | | <input type="checkbox"/> LIVING | IF DECEASED, GIVE DATE | |
| | | | <input type="checkbox"/> DECEASED | | |
| DATE OF BIRTH | | PLACE OF BIRTH (Country) | | CITIZENSHIP (Country) | |
| OCCUPATION | | | PRESENT EMPLOYER | | |
| 47. BROTHERS - SISTERS | | | | | |
| SEX | NAME | AGE | FULL ADDRESS | OCCUPATION | |
| <i>F.</i> | <i>Stepsister - Johanna FALK</i> | <i>21</i> | <i>232 East - 165 St. New York 56</i> | <i>Hairdresser</i> | |
| <i>M.</i> | <i>Stepbrother - Lotnar FALK</i> | <i>18</i> | <i>" " " " " "</i> | <i>Student</i> | |
| 48. RELATIVES LIVING IN FOREIGN LANDS | | | | | |
| SEX | RELATIONSHIP | NAME | AGE | FULL ADDRESS | OCCUPATION |
| | <i>M.</i> | <i>Brother Rudolf FALK</i> | <i>27</i> | <i>Berlin-Beelitz, Germany.</i> | |
| <i>Believed to have been in a concentration camp. Deported around 1939. Whereabouts unknown. Prob. deceased.</i> | | | | | |
| 49. RELATIVES IN GOVERNMENT OR MILITARY SERVICE (United States or Foreign) | | | | | |
| SEX | RELATIONSHIP | NAME | COUNTRY SERVED | TITLE OF POSITION AND DUTIES | |
| | | | | | |
| 50. MARITAL STATUS | | | | | |
| <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWER <input type="checkbox"/> WIDOW | | | | | |
| DATE OF MARRIAGE | | PLACE OF MARRIAGE (State and Country) | | | |
| NAME OF SPOUSE (Last or maiden name, first name, middle name) | | | | | <input type="checkbox"/> LIVING |
| | | | | | <input type="checkbox"/> DECEASED |
| DATE OF BIRTH | | PLACE OF BIRTH | | CITIZENSHIP | |
| ADDRESS PRIOR TO MARRIAGE (Street and number, city, state and country) | | | | | |
| PRESENT OCCUPATION | | | PRESENT EMPLOYER | | |

51. **FORMER SPOUSE**

| | | |
|--|--|----------------------------|
| NAME OF FORMER SPOUSE (Last or maiden name, first name, middle name) | | DATE AND PLACE OF MARRIAGE |
| DATE OF BIRTH | PLACE OF BIRTH (City, State and Country) | |
| <input type="checkbox"/> LIVING | DATE OF DIVORCE OR DEATH | PLACE |
| <input type="checkbox"/> DECEASED | | |

52. **CHILDREN**

| SEX | NAME | AGE | FULL ADDRESS | OCCUPATION |
|-----|------|-----|--------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

53. **DEPENDENTS**

| SEX | NAME | RELATIONSHIP | AGE | DEGREE OF DEPENDENCY |
|-----|------|--------------|-----|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

54. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY VIOLATION OF LAW, OTHER THAN A MINOR TRAFFIC VIOLATION
 YES NO IF SO, STATE THE NAME AND PLACE OF COURT, NATURE OF OFFENSE, DATE, AND DISPOSITION OF CASE

55. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE U.S. GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU WILL BE CALLED UPON TO UNDERTAKE YES NO IF SO, DESCRIBE. (If additional space is necessary, use Remarks.)

56. NOTIFY IN CASE OF EMERGENCY (Give name, relationship, and address) *Karl Falk, (Father)*
232 E - 165 St. New York 56 N.Y. - U.S.A.

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IN SIGNING THIS CERTIFICATE I DO SO WITH THE UNDERSTANDING THAT THE VERACITY OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED AND IF FOUND INCORRECT, INCOMPLETE OR MISLEADING IN ANY PARTICULAR I MAY BE RELIEVED OF MY ASSIGNMENT AND SUCH OTHER DISCIPLINARY ACTION TAKEN AS MAY BE APPROPRIATE.

19 Sept. 1947
DATE

Edith C. Falk
SIGNATURE

WITNESS

REMARKS

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK. To assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | |
|---|-----|---|
| 1. Name of examination, if any; or name of position applied for: | AV. | This space for U. S. Civil Service Commission |
| 2. Place of examination (if a written test), or place of employment applied for: <small>(City and State)</small> | | To U. S. Civil Service Commission |
| 3. Optional subject (if mentioned in examination announcement): | | -- Appor. -- Nonappor. |

| | |
|--|--|
| 4. -- Mr. <u>Edith</u> <u>Carrie</u> <u>FALK</u> -- Mrs. <small>(First name) (Middle) (Maiden, if any) (Last)</small> -- Miss 5. <u>Gr. "A" 7742 C.C.D. - EUCOM.</u> <small>(R. D. or street and number)</small> <u>A.P.O. 407 - U.S. ARMY</u> <small>(City or post office, and State)</small> | O. S. <input type="checkbox"/> Gr. <input type="checkbox"/> E & E. <input type="checkbox"/> P & D. <input type="checkbox"/> Int. <input type="checkbox"/> |
| 6. Date of birth (month, day, year): <u>5 July 1911</u> 7. Age last birthday: <u>36</u> 8. Date of this application: <u>1 November 1947</u> | -- Preference: <input type="checkbox"/> Adm'd exam. Allowed— <input type="checkbox"/> Approved by -- Veteran. <input type="checkbox"/> -- Disability. <input type="checkbox"/> Exam. date -- Wife. <input type="checkbox"/> -- Widowed. <input type="checkbox"/> Not. Ra. -- Disallowed. <input type="checkbox"/> Date Req. -- Closed. <input type="checkbox"/> |
| 9. Legal or voting residence: <u>New York.</u> <small>State</small> 10. Telephone numbers: <u>Munich</u> <u>Mil. 2321/2322/Ext. 68.</u> <small>(Residence phone) (Business phone)</small> | -- Material att'd. -- Material filed. -- Indian. <input type="checkbox"/> -- Material ret. |
| 11. (a) Check one: <input checked="" type="checkbox"/> Male. <input type="checkbox"/> Female. (b) Check one: <input type="checkbox"/> Widowed. <input checked="" type="checkbox"/> Single. <input type="checkbox"/> Separated. <input type="checkbox"/> Married. <input type="checkbox"/> Divorced. 12. Height, with out shoes: <u>5</u> ft. <u>1</u> in. Weight: <u>150</u> lb. | |
| 13. Where were you born? <u>Miltenberg-Germany.</u> <small>(Town) (State or country)</small> | |

This space for U. S. Civil Service Commission

SEL. NO.

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|--|-------------------------------------|-------------------------------------|--|-----|-------------------------------------|
| 14. Are you a citizen of the United States? <small>Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned.</small> | <input checked="" type="checkbox"/> | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge. -- Army. -- Navy. -- Marine. -- Coast Guard Date | | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases, if appointed, your fingerprints will be taken. | | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled veteran. -- Widow of veteran. | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board If classified, give your classification Your order number | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization (b) Are you now on active duty? | | |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife | | |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess. | | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. <input type="checkbox"/> 3 months. <input type="checkbox"/> 1 month. | | <input checked="" type="checkbox"/> |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences (b) Would you accept appointment outside the United States? Give locations acceptable | | <input checked="" type="checkbox"/> |
| 21. Are you NOW employed by the Federal Government? (a) If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. <u>Gr. "A" 7742 C.C.D. - EUCOM.</u> <u>A.P.O. 407 - U.S. ARMY. Munich</u> <small>(Residence) (Business)</small> (b) If you now are or have ever been so employed, give dates: from <u>23 April</u> 19 <u>45</u> to <u>1 November</u> 19 <u>47</u> <small>(Month) (Year) (Month) (Year)</small> | <input checked="" type="checkbox"/> | | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | <input checked="" type="checkbox"/> |
| | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: <input checked="" type="checkbox"/> Occasionally. <input type="checkbox"/> Frequently. <input type="checkbox"/> Constantly. | | |
| | | | 30. How much notice will you require to report for work? | | |

Edith Carrie FALK

Print or type your name here as in Item 4

31. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.) X
Yes No

| Titles of examinations | Examined in what cities | Month and year | Rating |
|---------------------------------|-------------------------|----------------|-----------|
| Translator for English & German | New York City, N.Y. | Feb. 1943 | Qualified |

(b) Have you passed any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 4S) X
Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? X
Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|---|----------------|---------|-----------------|-------|--|------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university City College, New York, N.Y. | Oct. 43 | June 44 | | | | | |
| (c) Other: Womens School of Social Sciences Kindergarten Seminar | 1927 | 1928 | | | Studies: Commercial, Econ. Psychology, etc. | | |

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |

33. Indicate your knowledge of foreign languages.

| | READ | | | SPEAK | | | UNDERSTAND | | |
|--------|------|------|------|-------|------|------|------------|------|------|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair |
| German | X | | | X | | | X | | |
| French | | X | | | X | | X | | |

34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No
 If not, have you ever been licensed? _____
 Give kind of license and State _____
 Earliest license (year) _____
 Most recent license (year) _____

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|---------------------|--|-------------------------------|
| Mr. R. D. Hayton | HQ. CCD, Esslingen, Germany | Chief, Telecom. Section |
| Mr. H. Pulvermacher | HQ. CCD, Esslingen, Germany | Asst. Chief, Telecom. Section |
| Mr. Bela Zempleny | Gr. "A" 7742 CCD, APO, 407 US. ARMY | Chief, Telecom. Dept. |
| Mr. D. Lassman | Gr. "A" 7742 CCD, APO, 407 US. ARMY | Chief, Main Station |
| Mr. W. Kaldaue | Gr. "A" 7742 CCD, APO, 407 US. ARMY | Chief, I. & R. Dept. |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? X
Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place | From (Month) (Year) | To (Month) (Year) | Exact title of your position | Salary: Starting | Per year Final |
|------------------|---|---------------------|-------------------|---|------------------|----------------|
| | Munich, Germany. (War Dept.) | 23 April 45 | November 47 | Chief Censor, Telecom. Dept. | \$2603. | \$4187. |
| | Gr. "A" 7742 CCD, EUCOM, APO 407 US. ARMY, Munich, Germany. | | | Confidential & secret work, Personnel Management, Liaison with various depts., user agencies, field teams, special assignment units. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity & advising new employees in key administrative & operating supervisory positions of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files reference & library material, etc | | |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Place <u>New York, N.Y.</u> From <u>Sept.</u> 19 <u>43</u> To <u>April</u> 19 <u>45</u> Name of employer: <u>Federal Govt.</u> <u>Office of Censorship</u> Address <u>242 Seventh Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Postal Dept.</u> <u>Editorial Unit</u> Number and class of employees you supervised: <u>Appr. 25, writers and supervisors.</u> Name and title of your immediate supervisor: <u>Mrs. Elsa Hunter</u> <u>Chief, Editorial Unit</u> Reason for leaving: <u>Employment with War Dept. overseas (Transfer)</u> | Exact title of your position: <u>Translator, Supervisor, Editorial Unit</u> Salary: Starting, \$ <u>1800.</u> Per year Final, \$ <u>2190.</u> Duties and responsibilities: <u>Confidential & secret work. Translating, editing & compiling of intelligence reports. Teaching & training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section within the Office of Censorship. (Editorial Unit)</u> Machines and equipment you used |
| Place <u>New York, N.Y.</u> From <u>Oct.</u> 19 <u>46</u> To <u>Sept.</u> 19 <u>43</u> Name of employer: <u>B.M. Gruenstein</u> Address <u>970 Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Delia Gruenstein</u> Reason for leaving: <u>Employment with Office Of Censorship.</u> | Exact title of your position: <u>Private Tutor, Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities: <u>Teaching of Kindergarten Work and elementary subjects.</u> Machines and equipment you used |
| Place <u>New York, N.Y.</u> From <u>Sept.</u> 19 <u>35</u> To <u>Sept.</u> 19 <u>36</u> Name of employer: <u>H.R. Bretter</u> Address <u>1400 Broadway</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter.</u> Reason for leaving: <u>Financial Betterment.</u> | Exact title of your position: <u>Kindergarten Teachers</u> Salary: Starting, \$ Per Final \$ Duties and responsibilities: <u>Teaching of Kindergarten work.</u> Machines and equipment you used |
| Place <u>Le Havre, France</u> From <u>July</u> 19 <u>33</u> To <u>July</u> 19 <u>35</u> Name of employer: <u>Dr. Andre Porcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France.</u> Kind of business or organization: <u>Doctors Office.</u> Number and class of employees you supervised Name and title of your immediate supervisor: <u>Dr. A. Porcheron.</u> Reason for leaving: <u>Emigration to U.S.A.</u> | Exact title of your position: <u>Teacher & Doctors Assistant/Secretary</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities: <u>Teaching of German. Assistant & secretary to French Doctor, also doing interpreting for German-speaking patients.</u> Machines and equipment you used |

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

Edith Carrie FALK.

37. Experience (cont'd)

Place & Date: Berlin, Germany
From: July 1930 To: November 1932
Business & Name of employer:
Dr. J. Steinberg
21 Zehlendorferstrasse
Kind of business:
Boarding School.
Reason for leaving:
Economic Collapse &
Advent of Hitlerism.

Duties & Responsibilities: Teacher.
Teaching of German, Music, Sports & elementary
subjects.

Place & Date: New York. N.Y.
From: July 1935 To: Sept. 1935
Business & Name of employer:
S.H. Albert
760 Grand Concourse
New York. 51. N.Y.

Duties & Responsibilities:
Visiting with cousin at time of arrival in
New York.

Place & Date: Miltenberg, Germany.
Business & Name of employer:
Karl Falk
317 Hauptstrasse

Duties & Responsibilities:
Working in retail and wholesale business of
my father, now residing in New York.
(Since 1936)

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):
None

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
Wife Husband Father Mother

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:

SKILL SKILL

SKILL SKILL

Words per minute in typing _____; stenography _____

Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer Personnel, Organizational,

Writing, Newspaper, Research, Relief, Radio.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions.

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 1 | Karl Falk |
| 2 | Merchingen, Germany |
| 3 | German |
| 4 | January 1942 |
| 1 | Stepmother: Margarethe Falk |
| | Maidenname: Hilb |
| 2 | Esslingen, Germany |
| 3 | German |
| 4 | January 1942 |

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) Miss Edith C. Falk
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Edith Carrie FALK.

37. Experience (cont'd)

Place & Date: Berlin, Germany
From: July 1930 To: November 1932
Business & name of employer:

Dr. J. Steinberg
21 Zehlendorferstrasse

Kind of business:
Boarding School.

Duties & Responsibilities: Teacher.

Teaching of German, Music,
Sports & elementary subjects.

Place & Date: New York.
From: July 1935 To: Sept. 1935
Business & name of employer:

S. H. Albert
760 Gr. Concourse
New York 51. N. Y.

Duties & Responsibilities:

Visiting with Cousin
at time of arrival in
New York.

Place & Date: Miltenberg, Germany.

Business & name of employer

Karl FALK
317 Hauptstrasse

Duties & Responsibilities:

Working in retail & wholesale
business of my father, now
residing in New York. (Since 1936)

Place & Date

Business & name of employer

Duties & Responsibilities:

Place & Date

Business & name of employer

Duties & Responsibilities:

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

INSTRUCTIONS.—Answer every question clearly and completely. Type-write or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | |
|--|------------------|---|
| <p>1. Name of examination, if any; or name of position applied for: _____</p> <p>2. Place of examination (if different from place of employment applied for): _____ (City and State)</p> <p>3. Optional subject (if mentioned in examination announcement): _____</p> | <p>AV. _____</p> | <p>This space for U. S. Civil Service Commission</p> <p style="text-align: right;">To U. S. Civil Service Commission</p> |
| <p>4. -- Mr. Edith Carrie FALK -- Mrs. (First name) (Middle) (Maids, if any) (Last) -- Miss Gr. "A" 7742 C.C.D. - EUCOM.</p> | | <p>O. S. _____ Gr. _____ E & E _____ P & D _____ Int. _____</p> |
| <p>5. _____ (R. D. or street and number)</p> <p>APO 407 - U.S. ARMY (Army or post office, and State)</p> | | |
| <p>6. Date of birth (month, day, year): 5 July 1911</p> | | |
| <p>7. Age last birthday: 36</p> | | |
| <p>8. Date of this application: 1 November 1947</p> | | |
| <p>9. Legal or voting residence: State New York</p> | | |
| <p>10. Telephone numbers: Mil: 2321/2322/Ext. 68 (Residence phone) (Business phone)</p> | | |
| <p>11. (a) Check one: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female (b) Check one: <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced</p> | | <p>Preference: <input type="checkbox"/> Allowed <input type="checkbox"/> Veteran <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widowed <input type="checkbox"/> Disabled <input type="checkbox"/> Closed</p> |
| <p>12. Height with out shoes: 5 ft. 1 in. Weight: 150 lb.</p> | | <p>Adm'd exam. _____ Approved by _____ Exam. date _____ Not. Ra. _____ Date Reg. _____ Material att'd. _____ Material filed _____</p> |
| <p>13. Where were you born: Miltenberg-Germany (Town) (State or country)</p> | | <p><input type="checkbox"/> Indian <input type="checkbox"/> Material ret. _____</p> |

| Indicate "Yes" or "No" answer by placing X in proper column | | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | | Yes | No |
|---|--|-------------------------------------|-------------------------------------|---|--|-----|-------------------------------------|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned. | | <input checked="" type="checkbox"/> | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge Army. Navy. Marine. Coast Guard Date | | | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: Veteran. Disabled. Wife of disabled veteran. Widow of disabled veteran. | | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board. If classified, give your classification. Your order number. | | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization. (b) Are you now on active duty? | | | |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife. | | | |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: Occasionally. Habitually. To excess. | | | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? 6 months. <input checked="" type="checkbox"/> 3 months. 1 month. | | | <input checked="" type="checkbox"/> |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences. (b) Would you accept appointment outside the United States? Give locations acceptable. | | | <input checked="" type="checkbox"/> |
| 21. Are you now employed by the Federal Government? (a) Telecom. Dept. Gr. A 7742 CCD. APO 407 - U.S. ARMY, Munich, Germany. (b) If you now are or have ever been so employed, give dates: from 23 April 1945 to November 1947 | | <input checked="" type="checkbox"/> | | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | | <input checked="" type="checkbox"/> |
| | | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____. You will not be considered for positions paying less. | | | |
| | | | | 29. If you are willing to travel specify: Occasionaly. <input checked="" type="checkbox"/> Frequently. Constantly. | | | |
| | | | | 30. How much notice will you require to report for work? _____ | | | |

Print or type your name here as in Item 4 Edith Carrie FALK

31. (a) Have you ever **filed** applications for any Federal civil service examinations? (If so, list them below.) X
Yes No

| Titles of examinations | Examined in what cities | Month and year | Rating |
|---------------------------------|-------------------------|----------------|-----------|
| Translator for English & German | New York City, N.Y. | Feb. 1943 | Qualified |
| | | | |
| | | | |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) X
Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? X
Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|--|----------------|----------------|-----------------|----------|-------------------|----------------------------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university: <u>City College, New York, N.Y.</u> | <u>Oct. 43</u> | <u>June 44</u> | | <u>X</u> | | | |
| (c) Other: <u>Womens School of Social Sciences</u> | <u>1927</u> | <u>1928</u> | <u>X</u> | | | <u>Commercial, Econom.</u> | |
| <u>Kindergarten Seminar</u> | <u>1928</u> | <u>1929</u> | <u>X</u> | | | <u>Psychology, etc.</u> | |

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |
| | | | |
| | | | |

| 33. Indicate your knowledge of foreign languages. | READ | | | SPEAK | | | UNDERSTAND | | | 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No |
|---|----------|----------|------|----------|------|----------|------------|----------|------|---|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair | |
| <u>German</u> | <u>X</u> | | | <u>X</u> | | | <u>X</u> | | | |
| <u>French</u> | | <u>X</u> | | | | <u>X</u> | | <u>X</u> | | |

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|------------------------|--|-------------------------------------|
| <u>R.D. Hayton</u> | <u>HQ. CCD. Esslingen, Germany</u> | <u>Chief, Telecom Section</u> |
| <u>H. Pulvermacher</u> | <u>HQ. CCD. Esslingen, Germany</u> | <u>Asst. Chief, Telecom Section</u> |
| <u>Bela Zemplyny</u> | <u>Gr. "A" 7742 CCD. APO. 407 US ARMY.</u> | <u>Chief, Telecom Dept.</u> |
| <u>D. Lassman</u> | <u>Gr. "A" 7742 CCD. APO. 407 US ARMY.</u> | <u>Chief, Main Station</u> |
| <u>W. Kaldauke</u> | <u>Gr. "A" 7742 CCD. APO. 407 US ARMY.</u> | <u>Chief, I.&R. Dept.</u> |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? X
Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place | Exact title of your position | Salary: Starting, <u>2603.-</u> |
|------------------|---|--|---------------------------------|
| | <u>Munich, Germany (War Dept.)</u> From <u>23 April</u> (Month), 19 <u>45</u> (Year) to <u>Oct.</u> (Month), 19 <u>47</u> (Year) Name of employer: <u>Gr. "A" 7742 CCD. -EUCOM.</u> Address: <u>APO 407 -US ARMY, Munich</u> Kind of business or organization: <u>Telecommunications Dept.</u> Number and class of employees you supervised: <u>Reviewers, Rel. Rec. Analysts, Rel. Rec. Clerks, Train. Instr.</u> Name and title of your immediate supervisor: <u>Mr. Bela Zemplyny, Chief, Telecom. Dept.</u> | <u>Chief Censor</u> <u>Telecom. Dept.</u> Confidential & secret work. Personnel Management. Liaison with various depts., user-agencies field teams, special assignments units. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative & supervisory positions (operating) of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files, reference & library material. | Per year Final, <u>5187.-</u> |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Place <u>New York, N.Y.</u> From <u>Sept. 13, 1943</u> To <u>April 19, 1945</u> Name of employer <u>Federal Govt.</u> Name of office <u>Office Of Censorship</u> Address <u>242 Seventh Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Postal Dept.</u> <u>Editorial Unit</u> Number and class of employees you supervised <u>Appr. 25, writers and supervisors.</u> Name and title of your immediate supervisor <u>Mrs. Elsa Hunter, Chief, Editorial Unit</u> Reason for leaving <u>Employment with War Dept. overseas.</u> | Exact title of your position <u>Translator, Supervisor</u> Salary: Starting, \$ <u>1800.-</u> <u>Editorial Unit.</u> Per <u>year</u> Final, \$ <u>5187x2190.-</u> Duties and responsibilities <u>Confidential and secret work. Translating, editing and compiling of intelligence reports Teaching and training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section (Editorial Unit) within the Office Of Censorship.</u> Machines and equipment you used |
| Place <u>New York, N.Y.</u> From <u>Oct. 1936</u> To <u>Sept. 1943</u> Name of employer <u>B. M. Gruenstein</u> Address <u>970 Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Delia Gruenstein</u> Reason for leaving <u>Employment with the Office of Censorship.</u> | Exact title of your position <u>Private Tutor, Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work and elementary subjects.</u> Machines and equipment you used |
| Place <u>New York, N.Y.</u> From <u>Sept. 1935</u> To <u>Sept. 1936</u> Name of employer <u>H. R. Bretter</u> Address <u>1400 Broadway</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter.</u> Reason for leaving <u>Financial Betterment.</u> | Exact title of your position <u>Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work.</u> Machines and equipment you used |
| Place <u>Le Havre, France.</u> From <u>July 1933</u> To <u>July 1935</u> Name of employer <u>Dr. Andre Porcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France.</u> Kind of business or organization: <u>Doctors Office.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>R. A. Porcheron.</u> Reason for leaving <u>Emigration to USA.</u> | Exact title of your position <u>Teacher & Doctors Assistant/Secretary.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of German. Assistant and secretary to French doctor, also doing interpreting for German speaking patients.</u> Machines and equipment you used |

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

Edith Carrie FALK.

37. Experience (cont'd)

Place & Date: Berlin, Germany
From: July 1930 To: November 1932
Business & name of employer:

Dr. J. Steinberg
21 Zehlen dor ferstrasse
Kind of Business:
Boarding School.

Reason for leaving: Economic
Collapse, Advent of Hitlerism.

Place & Date: New York 51. N.Y.
From: July 1935 To: Sept. 1935
Business & name of employer:

S. H. Albert
760 Gr. Concourse
New York 51. N.Y.

Duties & Responsibilities: Teacher.
Teaching of German, Music,
Sports and elementary subjects.

Duties & Responsibilities:
Visiting with Cousin at time
of arrival in New York.

Place & Date: Miltenberg, Germany.

Business & name of employer:

Karl Falk
317 Hauptstrasse.

Duties & Responsibilities:
Working in retail and wholesale
business of my father, now
residing in New York. (Since 1936)

Place & Date

Duties & Responsibilities:

Business & name of employer

Place & Date

Duties & Responsibilities:

Business & name of employer

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):
None.

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
Wife _____ Husband Father Mother.

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multith, key-punch, turret-lathe, or scientific or professional devices:

SKILL _____ SKILL _____

SKILL _____ SKILL _____

Words per minute in typing _____; stenography _____

Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer: Personnel, Organizational, Writing, Newspaper, Research, Relief, Radio, Educat.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 1 | Karl Falk |
| 2 | Merchingen, Germany |
| 3 | German |
| 4 | January 1942 |
| 1 | Stepmother: Margarethe Falk |
| | Maidenname: Hilb |
| 2 | Esslingen, Germany |
| 3 | German |
| 4 | January 1942 |

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) Miss Edith C. Falk
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS.—Answer every question clearly and completely. Type or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | | | |
|---|---|---|--|--|
| ANNO. NO. | 1. Name of examination, if any; or name of position applied for: _____ | AV. | This space for U. S. Civil Service Commission | To U. S. Civil Service Commission |
| APP. NO. | 2. Place of examination (if a written test), or place of employment applied for: _____ (City and State) | | | |
| SEL. NO. | 3. Optional subject (if mentioned in examination announcement): _____ | | Appor. Nonappor. | |
| This space for U. S. Civil Service Commission | 4. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <u>Edith</u> <u>Carrie</u> <u>FALK</u> (First name) (Middle) (Maiden, if any) (Last) | | O. S. _____ Gr. _____ E & E. _____ P & D. _____ Int. _____ | |
| | 5. <u>Gr. "A" 7742 C. C. D. - EUCOM.</u> (R. D. or street and number) | | | |
| | 6. <u>P. O. 407 - U. S. ARMY.</u> (City or post office, and State) | | | |
| | 6. Date of birth (month, day, year): <u>5 July 1911</u> | 7. Age last birthday: <u>36</u> | 8. Date of this application: <u>1 November 1947</u> | Preference: <input type="checkbox"/> Allowed— <input type="checkbox"/> Veteran. <input type="checkbox"/> Disability. <input type="checkbox"/> Wife. <input type="checkbox"/> Widow. <input type="checkbox"/> Disallowed. <input type="checkbox"/> Closed. |
| | 9. Legal or voting residence: State <u>New York</u> | 10. Telephone numbers: <u>Munich</u> Residence phone: <u>MI. 2328/2321/2322</u> Business phone: _____ | Adm'd exam. _____ Approved by _____ Exam. date _____ Not. Ra. _____ Date Req. _____ Material nt'd. _____ Material filed _____ Material rel. _____ | |
| | 11. (a) Check one: <input type="checkbox"/> Male. <input checked="" type="checkbox"/> Female. (b) Check one: <input type="checkbox"/> Widowed. <input checked="" type="checkbox"/> Single. <input type="checkbox"/> Separated. <input type="checkbox"/> Married. <input type="checkbox"/> Divorced. | 12. Height with out shoes: <u>5</u> ft. <u>1</u> in. Weight: <u>150</u> lb. | | |
| | 13. Where were you born? <u>Miltenberg - Germany.</u> (Town) (State or country) | | | |

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|--|-------------------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 14. Are you a citizen of the United States? <small>Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate, other foreign-born, documentary proof of citizenship. Documents will be returned.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge. Army. Navy. Marine. Coast Guard. Date _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases, if appointed, your fingerprints will be taken. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: Veteran. Disabled. Wife of disabled veteran. Widow of veteran. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board _____ If classified, give your classification _____ Your order number _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization _____ (b) Are you now on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: Occasionally. Habitually. To excess. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. <input checked="" type="checkbox"/> 3 months. <input type="checkbox"/> 1 month. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences _____ (b) Would you accept appointment outside the United States? Give locations acceptable _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Are you NOW employed by the Federal Government? (a) If so, <u>Gr. "A" U. 7742 C. C. D. - EUCOM.</u> <u>A. P. O. 407 - U. S. ARMY - Munich</u> (b) If you now are or have ever been so employed, give dates: from <u>23 April 1945</u> to <u>19 November 1947</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: <input type="checkbox"/> Occasionally. <input checked="" type="checkbox"/> Frequently. <input type="checkbox"/> Constantly. | | |
| | | | 30. How much notice will you require to report for work? _____ | | |

Print or type your name here as in Item 4 Edith Carrie FALK

31. (a) Have you ever **filed** applications for any Federal civil service examinations? X
Yes No

| Titles of examinations | Examined in what cities | Month and year | Rating |
|---------------------------------|-------------------------|----------------|-----------|
| Translator for English & German | New York City, N.Y. | 10 Feb. 43 | Qualified |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) X
Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? X
Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|---|----------------|----------------|-----------------|-------|-------------------|------|-----------------------|
| | From | To | Day | Night | Title | Date | |
| (b) College or university <u>City College, New York, N.Y.</u> | <u>Oct. 43</u> | <u>June 44</u> | | | | | |

(c) Other Women's School Of Social Sciences 1927 1928 1928 1929 1928 1929 Studies Commercial, Econ. Psychology, etc.

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |

| 33. Indicate your knowledge of foreign languages. | READ | | | SPEAK | | | UNDERSTAND | | | 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No |
|---|------|------|------|-------|------|------|------------|------|------|---|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair | |
| German | X | | | X | | | X | | | If not, have you ever been licensed? _____ Give kind of license and State _____ Earliest license (year) _____ Most recent license (year) _____ |
| French | | X | | | X | | | X | | |

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|---------------------|--|------------------------------|
| Mr. R.D. Hayton | HQ. CCD. Esslingen, Germany | Chief, Telecom. Section |
| Mr. H. Pulvermacher | HQ. CCD. Esslingen, Germany | Asst. Chief, Telecom. Secti |
| Mr. Bela Zempleny | Gr. "A" 7742 CCD. APO 407 US ARMY | Chief, Telecom. Dept. |
| Mr. D. Lassman | Gr. "A" 7742 CCD. APO 407 US ARMY | Chief, Main Station, Teleco. |
| Mr. W. Kaldaue | Gr. "A" 7742 CCD. APO 407 US ARMY | Chief, I.&R. Dept. |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? X
Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. **Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.**

| PRESENT POSITION | Place | Exact title of your position | Salary: Starting, \$ |
|------------------|---|--|---------------------------------|
| | | <u>Munich, Germany (War Dept.)</u> | <u>Chief Censor,</u> |
| | <u>From 23 April 45 to October 47</u> | <u>Telecom. Dept.</u> | <u>Per year Final, \$5187.-</u> |
| | <u>Name of employer: Gr. "A" 7742 CCD. EUCCOM. APO 407 -US ARMY</u> | <u>Duties and responsibilities: Confidential & secret work. Personnel management. Liaison with various depts., user-agenc. field teams, special assignment units. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative & operating supervisory positions of correct interpretation of requirements, directives. Ascertaining training needs and arranging for such training to be given. Keeping of informational files, reference & library material, etc.</u> | |
| | <u>Address: _____</u> | | |
| | <u>Kind of business or organization: Telecommunications Dept.</u> | | |
| | <u>Number and class of employees you supervised: Reviewers, Rel. Rec. Analysts, Rel. Rec. Clerks, Train. Instr.</u> | | |
| | <u>Name and title of your immediate supervisor: Mr. Bela Zempleny</u> | | |
| | <u>Chief, Telecom. Dept.</u> | | |

DO NOT WRITE IN THIS SPACE

Place New-York, N.Y. (City) Sept. 1933 (Month) To April 1945 (Month) (Year)

Exact title of your position Translator, Supervisor, Editorial Unit Salary: Starting, \$ 1800.- Per year Final, \$ 2190.-

Name of employer: Federal Govt. Duties and responsibilities Confidential and secret work. Translating, editing and compiling of intelligence reports.

Name of employer: Office of Censorship Teaching and training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section (Editorial Unit) within the Office of Censorship.

Address: 242 Seventh Ave
New York City, N.Y.

Kind of business or organization: Postal Dept.

Number and class of employees you supervised: appr. 25, writers, and supervisors.

Name and title of your immediate supervisor: Mrs. Elsa Hunter
Chief, Editorial Unit

Reason for leaving: Employment with War Dept. overseas.

Machines and equipment you used

Place New York (City) N.Y. (State) From Oct. 1936 (Month) (Year) To Sept. 1943 (Month) (Year)

Exact title of your position Private Tutor Salary: Starting, \$ Per Final, \$

Name of employer: B.M. Gruenstein Duties and responsibilities Teaching of Kindergarten work and elementary subjects.

Address: 970 Park Ave
New York, N.Y.

Kind of business or organization: Private Home

Number and class of employees you supervised

Name and title of your immediate supervisor: Mrs. Delia Gruenstein.

Reason for leaving: Employment with Office of Censorship.

Machines and equipment you used

Place New York (City) N.Y. (State) From Sept. 1935 (Month) (Year) To Sept. 1936 (Month) (Year)

Exact title of your position Kindergarten Teacher. Salary: Starting, \$ Per Final, \$

Name of employer: H.R. Bretter Duties and responsibilities Teaching of Kindergarten work.

Address: 1400 Broadway
New York, N.Y.

Kind of business or organization: Private Home

Number and class of employees you supervised

Name and title of your immediate supervisor: Mrs. Lillian Bretter

Reason for leaving: Financial Betterment.

Machines and equipment you used

Place Le Havre (City) France (State) From July 1933 (Month) (Year) To July 1935 (Month) (Year)

Exact title of your position Teacher and Doctors Assistant/Secretary Salary: Starting, \$ Per Final, \$

Name of employer: Dr. Andre Porcheron Duties and responsibilities Teaching of German. Assistant and secretary to French doctor, also doing interpreting for German speaking patients.

Address: 21 Rue Des Brindes
Le Havre, France

Kind of business or organization: Doctors Office

Number and class of employees you supervised

Name and title of your immediate supervisor: Dr. A. Porcheron

Reason for leaving: Migration to U.S.A.

Machines and equipment you used

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

Edith Carrie FALK.

37. Experience (cont'd)

Place & Date: Berlin, Germany
From: July 1930 To: November 1932
Business & Name of employer:
Dr. J. Stebnberg
21 Zehlendorferstrasse
Kind of business:
Boarding School
Reason for leaving:
Economic Collapse &
Advent of Hitlerism.

Duties & Responsibilities: Teacher.
Teaching of German, Music, Sports and elementary
subjects.

Place & Date: New York, N.Y.
From: July 1935 To: Sept. 1935
Business & Name of employer:
S.H. Albert
760 Grand Concourse
New York 51. N.Y.

Duties & Responsibilities:
Visiting with cousin at time of arrival in
New York.

Place & Date: Miltenberg, Germany
Business & Name of employer:
Karl Falk
317 Hauptstrasse

Duties & Responsibilities:
Working in retail and wholesale business of my
father, now residing in New York. (Since 1936)

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
 If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
 If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):
 None

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
 Wife _____ Husband Father Mother

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:

SKILL _____ SKILL _____
 SKILL _____ SKILL _____
 Words per minute in typing _____; stenography _____
 Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer: Personnel, Organizational, Writing, Newspaper, Research, Relief, Radio,

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions:

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 1 | Karl Falk |
| 2 | Merchingen, Germany |
| 3 | German |
| 4 | January 1942 |
| 1 | Stepmother: Margarethe Falk |
| 2 | Maidenname: Hilb |
| 3 | Esslingen, Germany |
| 4 | German |
| 5 | January 1942 |

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.
 The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) Miss Edith C. Falk
 (Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | | | |
|--|--|---|-----------------------------------|--|
| 1. Name of examination, if any; or name of position applied for: | AV. | This space for U. S. Civil Service Commission | To U. S. Civil Service Commission | |
| | 2. Place of examination (if a written test), or place of employment applied for: | | | |
| | 3. Optional subject (if mentioned in examination announcement): | | | |

| | |
|--|-----------------|
| 4. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss Edith Carrie FALK (First name) (Middle) (Maiden, if any) (Last) | O. S. |
| 5. Gr. "A" 7742 C. C. D. - Eucom. (R. D. or street and number) | Gr. |
| A. P. O. 407 - U. S. ARMY. (City or post office, and State) | E & E. |
| 6. Date of birth (month, day, year): 5 July 1911 | P & D. |
| 7. Age last birthday: 36 | Int. |
| 8. Date of this application: 14 November 1947 | Preference: |
| 9. Legal or voting residence: New York | Allowed— |
| 10. Telephone numbers: Munich Residence phone: 2328/2321/2322 Business phone: | Adm'd exam. |
| 11. (a) Check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Approved by |
| (b) Check one: <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced | Exam. date |
| 12. Height, with out shoes: 5 ft. 1 in. Weight: 150 lb. | Not. Ra. |
| 13. Where were you born? Miltenberg - Germany | Date Reg. |
| | Material filed. |
| | Material ret. |

| Indicate "Yes" or "No" answer by placing X in proper column | | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | | Yes | No |
|--|--|-----|----|--|--|-----|----|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit along with this application, Naturalization Certificate, other foreign-born, documentary proof of citizenship. Documents will be returned. | | X | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: Army. Navy. Marine. Coast Guard Date | | | X |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | | X | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: Veteran. Disabled. Wife of disabled veteran. Veteran. Disabled. Wife of disabled veteran. | | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | X | X | 23. Have you registered under the Selective Service Act? If so, give address and number of local board If classified, give your classification Your order number | | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | | X | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization (b) Are you now on active duty? | | | |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | | X | 25. Give number of persons completely dependent on you, other than husband or wife | | | |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: Occasionally. Habitually. To excess. | | | X | 26. Would you accept short-term appointment? 6 months. 3 months. 1 month. | | | X |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | | X | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preference (b) Would you accept appointment outside the United States? Give locations acceptable | | | X |
| 21. Are you NOW employed by the Federal Government? (a) If so, Tel. Rm. Dept. Gr. "A" 7742 C. C. D. - A. P. O. 407 - U. S. ARMY - Munich. (b) If you now are or have ever been so employed, give dates: from 23 April 1945 to November 1947. | | X | | (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | | X |
| | | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | | |
| | | | | 29. If you are willing to travel specify: Occasionly. <input checked="" type="checkbox"/> Frequently. Constantly. | | | |
| | | | | 30. How much notice will you require to report for work? | | | |

Print or type your name here as in Item 4 Edith Carrie FALK

31. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.) X Yes No

| Titles of examinations | Examined in what cities | Month and year | Rating |
|---------------------------------|-------------------------|----------------|-----------|
| Translator For English & German | New York City, N.Y. | Feb. 1943 | Qualified |

(b) Have you passed any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45.) X Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? X Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|-----------------------------|------------------------|----|-----------------|---------|-------------------|------|-----------------------|
| | From | To | Day | Night | Title | Date | |
| (b) College or university | City College, New York | | Oct. 43 | June 44 | | | |

(c) Other: Womens School of Social Sciences 1927-1928 Kindergarten Seminar 1928-1929
 Studies: Commercial Economy, Psychology, Writing,

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |

33. Indicate your knowledge of foreign languages.

| Language | READ | | | SPEAK | | | UNDERSTAND | | |
|----------|------|------|------|-------|------|------|------------|------|------|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair |
| German | X | | | X | | | X | | |
| French | | X | | | X | | X | | |

34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No
 If not, have you ever been licensed? Yes No
 Give kind of license and State _____
 Earliest license (year) _____
 Most recent license (year) _____

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|-----------------|--|-------------------------|
| R. V. Hayken | H.Q. C.C.D. Esslingen, Germany | Chief, Telecom. Section |
| H. Pulvermacher | H.Q. C.C.D. " " | Asst. Chief " " |
| B. Zempleny | Gr. "A" 7742 C.C.D. A.P.O. 407 | Chief, Telecom. Dept. |
| D. Lassman | " " " " " " | Chief, Main Station |
| W. Kaldauke | " " " " " " | Chief, I. & R. Dept. |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? X Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| Place | From (Month, Year) | To (Month, Year) | Exact title of your position | Salary: Starting, Per year | Final, Per year |
|--|--------------------|------------------|------------------------------|----------------------------|-----------------|
| Munich, Germany (War Dept.) | 23 April 45 | November 47 | Chief-Censor, Telecom. Dept. | \$2603.- | \$5187.- |
| Name of employer: <u>Gr. "A" 7742 C.C.D. - Eucom.</u> | | | | | |
| Address: <u>A.P.O. 407 - U.S. ARMY (Munich)</u> | | | | | |
| Kind of business or organization: <u>Telecommunications Dept.</u> | | | | | |
| Number and class of employees you supervised: <u>Reviewers, Rel. Rec. Analysts, Rel. Rec. Clerks, Train. Instr.</u> | | | | | |
| Name and title of your immediate supervisor: <u>Mr. Bela Zempleny, Chief, Telecom. Dept.</u> | | | | | |
| Duties and responsibilities: <u>Conf. & secret work. Personnel Management. Liaison with various depts. user-agencies field teams etc. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specific subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative supervisory positions of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files, reference + library material.</u> | | | | | |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Place <u>New York</u> , <u>N.Y.</u> From <u>Sept.</u> 19 <u>43</u> To <u>April</u> 19 <u>45</u> Name of employer: <u>Office of Censorship</u> Address <u>242 - 7 Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Editorial Unit</u> Number and class of employees you supervised <u>Appr. 25 writers and supervisors</u> Name and title of your immediate supervisor <u>Mrs. Elsa Hunter</u> <u>Chief, Editorial Unit</u> Reason for leaving <u>Employment with War Dept. overseas.</u> | Exact title of your position <u>Translator - Supervisor, Editorial Unit</u> Salary: Starting, \$ <u>1800.</u> Per year Final, \$ <u>2190.</u> Duties and responsibilities <u>Conf. + secret work. Translating, editing & compiling of intelligence reports, submitted by subordinates. Teaching + training functions while temporarily attached to Training School. Interviewing + indoctrination of new Federal employees. Giving of examinations, grading of examination papers.</u> Machines and equipment you used <u>Starting entire new section (Editorial Unit) within the Office of Censorship.</u> |
| Place <u>New York</u> , <u>N.Y.</u> From <u>Oct.</u> 19 <u>36</u> To <u>Sept.</u> 19 <u>43</u> Name of employer: <u>B.M. Gruenstein</u> Address <u>970 Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Delia Gruenstein</u> Reason for leaving <u>Employment with Office of Censorship.</u> | Exact title of your position <u>Private Tutor, Kindergarten Teacher</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work and elementary subjects.</u> Machines and equipment you used |
| Place <u>New York</u> , <u>N.Y.</u> From <u>Sept.</u> 19 <u>35</u> To <u>Sept.</u> 19 <u>36</u> Name of employer: <u>H.R. Bretter</u> Address <u>1400 Broadway</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter</u> Reason for leaving <u>Financial Betterment.</u> | Exact title of your position <u>Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work.</u> Machines and equipment you used |
| Place <u>Le Havre</u> , <u>France</u> From <u>July</u> 19 <u>33</u> To <u>July</u> 19 <u>35</u> Name of employer: <u>Dr. André Torcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France.</u> Kind of business or organization: <u>Doctors Office</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Dr. A. Porcheron</u> Reason for leaving <u>Emigration to U.S.A.</u> | Exact title of your position <u>Doctors Assistant and Secretary.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Assistant and Secretary to French doctor, also doing interpreting for German speaking patients.</u> Machines and equipment you used |

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
Wife Husband Father Mother.

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lothe, or scientific or professional devices:

SKILL _____ SKILL _____

SKILL _____ SKILL _____

Words per minute in typing _____; stenography _____

Do you have a license to operate an automobile? _____ Yes No

43. State what kind of work you prefer Personnel, Writing Newspaper, Research, Relief, Radio, Educational, Propag.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions

Item No. Write in left column numbers of items to which detailed answers apply

1 Karl Falk
2 Merchingen, Germany
3 German
4 January 1942

1 Stepmother: Margarethe Falk
Maiden name: Hilb
2 Esslingen, Germany
3 German
4 January 1942

If more space is required, use a sheet of THIN paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) Miss Edith C. Falk
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK. To assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | |
|---|--|--|
| 1. Name of examination, if any; or name of position applied for: _____ 2. Place of examination (if a written test), or place of employment applied for: _____ 3. Optional subject (if mentioned in examination announcement): _____ (City and State) | AV. _____ This space for U. S. Civil Service Commission | To U. S. Civil Service Commission -- Appor. -- Nonappor. |
|---|--|--|

| | |
|--|--|
| 4. -- Mr. _____ -- Mrs. <u>Edith Carrie</u> _____ -- Miss _____ (First name) (Middle) (Maiden, if any) (Last) 5. <u>Gr. "A" 7742 C. C. D. - EUCOM.</u> (R. D. or street and number) <u>A. P. O. 407 - U. S. ARMY</u> (City or post office, and State) | O. S. _____ Gr. _____ E & E. _____ P & D. _____ Inf. _____ |
| 6. Date of birth (month, day, year): <u>5 July 1911</u> 7. Age last birthday: <u>36</u> 8. Date of this application: <u>20 Nov. 1947</u> | -- Preference: _____ Allowed— -- Veteran. _____ -- Disability. _____ -- Wife. _____ -- Widowed. _____ -- Closed. _____ Adm'd exam. _____ Approved by _____ Exam. date _____ Not. Ra. _____ Date Reg. _____ -- Material att'd. -- Material filed |
| 9. Legal or voting residence: _____ State: <u>New York.</u> 10. Telephone numbers: <u>MUnich</u> (Residence phone) (Business phone) 11. (a) Check one: <input checked="" type="checkbox"/> Male. <input type="checkbox"/> Female. (b) Check one: <input checked="" type="checkbox"/> Single. <input type="checkbox"/> Married. <input type="checkbox"/> Widowed. <input type="checkbox"/> Separated. <input type="checkbox"/> Divorced. 12. Height, with-out shoes: <u>5</u> ft. <u>1</u> in. Weight: <u>150</u> lb. | -- Indian. _____ -- Material ret. _____ |
| 13. Where were you born? _____ (Town) (State or country) | |

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| 14. Are you a citizen of the United States? <small>Unless otherwise instructed, naturalized citizens must submit along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge. -- Army. -- Navy. -- Marine. -- Coast Guard. Date _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? <small>If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? <small>If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled. -- Widow of veteran.</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? <small>If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Have you registered under the Selective Service Act? If so, give address and number of local board _____ If classified, give your classification _____ Your order number _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? <small>If so, give complete details under Item 45.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization _____ (b) Are you now on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? <small>If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. Give number of persons completely dependent on you, other than husband or wife _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. <input checked="" type="checkbox"/> 3 months. <input type="checkbox"/> 1 month. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? <small>If so, give name, address, relationship, and branch of service of each such relative under Item 45.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences _____ (b) Would you accept appointment outside the United States? Give locations acceptable _____ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Are you NOW employed by the Federal Government? (a) If so, <u>Telecom. Dept. - Gr. "A" 7742</u> <u>C. C. D. - EUCOM. A. P. O. 407</u> (Department of agency) (Position) (b) If you now are or have ever been so employed, give dates: from <u>23 April</u> 19 <u>47</u> to <u>4 November</u> 19 <u>47</u> (Month) (Year) (Month) (Year) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (c) Would you accept appointment in Washington, D. C.? <input checked="" type="checkbox"/> <small>If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: <input type="checkbox"/> Occasionally. <input checked="" type="checkbox"/> Frequently. <input type="checkbox"/> Constantly. | | |
| | | | 30. How much notice will you require to report for work? _____ | | |

Print or type your name here as in Item 4 Edith Carrie Falk

31. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.) Yes No

| Titles of examinations | Examined in what cities | Month and year | Rating |
|---------------------------------|-------------------------|----------------|-----------|
| Translator for English & German | New York City, N.Y. | Feb. 1943 | Qualified |

(b) Have you passed any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|---|----------------|----------------|-------------------------------------|-------------------------------------|--|------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university <u>City College, New York, N.Y.</u> | <u>Oct. 43</u> | <u>June 44</u> | | <input checked="" type="checkbox"/> | | | |
| (c) Other <u>Women's School of Social Sciences</u> | <u>1927</u> | <u>1928</u> | <input checked="" type="checkbox"/> | | Studies <u>Commercial, Elementary Writing, Psychology,</u> | | |
| <u>Kindergarten Seminar</u> | <u>1928</u> | <u>1929</u> | <input checked="" type="checkbox"/> | | | | |

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |

33. Indicate your knowledge of foreign languages.

| | READ | | | SPEAK | | | UNDERSTAND | | |
|---------------|-------------------------------------|-------------------------------------|------|-------------------------------------|-------------------------------------|------|-------------------------------------|-------------------------------------|------|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair |
| <u>German</u> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| <u>French</u> | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | |

34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No
 If not, have you ever been licensed? Yes No
 Give kind of license and State _____
 Earliest license (year) _____
 Most recent license (year) _____

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|------------------------|--|---------------------------------|
| <u>K.D. Hayton</u> | <u>H.O.C.C.D. Esslingen, Germany</u> | <u>Chief, Telecom. Section</u> |
| <u>H. Fulvermacher</u> | <u>" " " " " " " "</u> | <u>Asst. Chief</u> |
| <u>B. Zempleny</u> | <u>Gr. "A" C.C.D. A.P.D. 407 - U.S. Army</u> | <u>Chief, Telecom. Dept.</u> |
| <u>D. Lassman</u> | <u>" " " " " " " "</u> | <u>Chief, Main Station</u> |
| <u>W. Kaldauke</u> | <u>" " " " " " " "</u> | <u>Chief, I. & R. Dept.</u> |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place (City, State) | From (Month, Year) | To (Month, Year) | Exact title of your position | Salary: Starting, Per Year | Final |
|------------------|--|--------------------|-------------------|---|----------------------------|-----------------|
| | <u>Munich, Germany</u> | <u>23 April 45</u> | <u>21 Oct. 47</u> | <u>Chief - Liaison, Telecom. Dept.</u> | <u>\$260.30</u> | <u>\$518.70</u> |
| | Name of employer: <u>Gr. "A" 7742 C.C.D. - EUCOM.</u> | | | Duties and responsibilities: <u>Conf. + secret work. Personnel Management. Liaison with various depts, user agencies, field teams, writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. - Serving in a staff capacity advising new employees in key administrative & operating positions of correct interpretation of requirements & directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files, reference & library material.</u> | | |
| | Address: <u>A.P.D. 407 - U.S. Army (Munich - Germany)</u> | | | Kind of business or organization: <u>Telecommunications Dept.</u> | | |
| | Number and class of employees you supervised: <u>Reviewers, etc.</u> | | | Name and title of your immediate supervisor: <u>Mr. B. Zempleny, Chief, Telecom. Dept.</u> | | |

Place New York, N.Y. Exact title of your position Supervisor, Editorial Unit and Translator. Salary: Starting, \$ 1800.-
 From Sept. 1943 To April 1945 Per year Final, \$ 2190.-
 Name of employer: Office of Censorship Duties and responsibilities: Confidential and secret work. Translating, editing & compiling of intelligence reports. Teaching & training functions while temporarily attached to Training School. Interviewing and indoctrination of former Federal employees. Grading of examinations, grading or examination papers. Starting entire new department (Editorial Unit) within the office of Censorship.
 Address: 842 - 7 Ave. New York, N.Y.
 Kind of business or organization: Editorial Unit
 Number and class of employees you supervised: Appr. 25 writers and supervisors.
 Name and title of your immediate supervisor: Mrs. Elsa Hunter, Chief, Editorial Unit.
 Reason for leaving: Employment with War Dept. Overseas.
 Machines and equipment you used: _____

Place New York, N.Y. Exact title of your position: Private Tutor Kindergarten Teacher Salary: Starting, \$ _____
 From Oct. 1936 To Sept. 1943 Per _____ Final, \$ _____
 Name of employer: B.M. Gruenstein Duties and responsibilities: Teaching of Kindergarten work and elementary subjects.
 Address: 970 Park Ave. New York, N.Y.
 Kind of business or organization: Private Home.
 Number and class of employees you supervised: _____
 Name and title of your immediate supervisor: _____
 Reason for leaving: Employment with Office of Censorship.
 Machines and equipment you used: _____

Place New York, N.Y. Exact title of your position: Kindergarten Teacher. Salary: Starting, \$ _____
 From Sept. 1935 To Sept. 1936 Per _____ Final, \$ _____
 Name of employer: H.K. Bretter Duties and responsibilities: Teaching of Kindergarten work.
 Address: 1400 Broadway New York, N.Y.
 Kind of business or organization: Private Home.
 Number and class of employees you supervised: _____
 Name and title of your immediate supervisor: Mrs. Lillian Bretter
 Reason for leaving: Financial Betterment.
 Machines and equipment you used: _____

Place La Hayre, France Exact title of your position: Doctors Assistant and Secretary. Salary: Starting, \$ _____
 From July 1933 To July 1935 Per _____ Final, \$ _____
 Name of employer: Dr. André Porcheron Duties and responsibilities: Assistant and secretary to French doctor also doing interpreting for German speaking patients.
 Address: 21 Rue Des Brindes Le Hayre, France.
 Kind of business or organization: Doctors Office.
 Number and class of employees you supervised: _____
 Name and title of your immediate supervisor: D. A. Porcheron
 Reason for leaving: Emigration To U.S.A.
 Machines and equipment you used: _____

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):
None

41. (a) Were any of the following members of your family born outside Continental U. S. A.? Yes No
--- Wife --- Husband Father Mother

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices.

SKILL ----- SKILL -----

SKILL ----- SKILL -----

Words per minute in typing -----; stenography -----

Do you have a license to operate an automobile? Yes No

43. State what kind of work you prefer: Educational, Organizational, Writing, Newspaper, Relief, Radio, Personnel, Research.

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions:

| Item No. | Write in left column numbers of items to which detailed answers apply |
|----------|---|
| 1 | Karl FALK |
| 2 | Merchingen, Germany |
| 3 | German |
| 4 | January 1942 |
| 1 | Stepmother: Margarethe FALK |
| | Maiden name: Hillb |
| 2 | Esslingen, Germany |
| 3 | German |
| 4 | January 1942 |

If more space is required, use a sheet of THIN paper, size 8 x 10 1/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one sheet only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs." and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant)

Miss Edith C. Faery

(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS.—Answer every question clearly and completely. Type or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

| | | |
|---|--|--|
| 1. Name of examination, if any; or name of position applied for: _____ 2. Place of examination (if a written test), or place of employment applied for: _____ (City and State) 3. Optional subject (if mentioned in examination announcement): _____ | AV. _____ This space for U. S. Civil Service Commission | To U. S. Civil Service Commission Appor. _____ Nonappor. _____ |
|---|--|--|

| | |
|--|---|
| 4. -- MF. <u>Edith</u> <u>Carrie</u> <u>TALK</u> -- Mrs. (First name) (Middle) (Maiden, if any) (Last) 5. <u>Gr. "H" 7743 C. S. C. - ELICEM.</u> (R. D. or street and number) <u>H. P. O. 407 - U. S. ARMY</u> (City or post office, and State) | O. S. _____ Gr. _____ E & E. _____ P & D. _____ Int. _____ |
| 6. Date of birth (month, day, year): <u>5 July 1911</u> 7. Age last birthday: <u>36</u> 8. Date of this application: <u>1 December 1947</u> | -- Preference: Adm'd exam. _____ Allowed— -- Veteran. Approved by _____ -- Disability. Exam. date _____ -- Wife. Not. Ro. _____ -- Widow. Date Req. _____ -- Disallowed. Material att'd. _____ -- Closed. Material filed _____ |
| 9. Legal or voting residence: State <u>NEW YORK, N. Y.</u> 10. Telephone numbers: <u>Munich</u> (Residence phone) (Business phone) | 11. (a) Check one: (b) Check one: -- Widowed. -- Male. <input checked="" type="checkbox"/> Single. -- Separated. -- Female. -- Married. -- Divorced. |
| 12. Height with out shoes: <u>5</u> ft. <u>L</u> in. Weight: <u>150</u> lb. | -- Indian. Material ret. _____ |
| 13. Where were you born? _____ (Town) (State or country) | |

| Indicate "Yes" or "No" answer by placing X in proper column | Yes | No | Indicate "Yes" or "No" answer by placing X in proper column | Yes | No |
|---|-----|----|--|-----|----|
| 14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned. | | | 22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard Date _____ | | |
| 15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken. | | | (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled. -- Widow of veteran. -- Disabled. -- Wife of disabled. -- Widow of veteran. If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein. | | |
| 16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4. | | | 23. Have you registered under the Selective Service Act? If so, give address and number of local board _____ If classified, give your classification _____ Your order number _____ | | |
| 17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45. | | | 24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization _____ (b) Are you now on active duty? _____ | | |
| 18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case. | | | 25. Give number of persons completely dependent on you, other than husband or wife _____ | | |
| 19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess. | | | 26. Would you accept short-term appointment? -- 6 months. -- 3 months. -- 1 month. | | |
| 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45. | | | 27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences _____ (b) Would you accept appointment outside the United States? Give locations acceptable _____ (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions. | | |
| 21. Are you NOW employed by the Federal Government? (a) If so, (Department or agency) (Bureau) (Location) (b) If you now are or have ever been so employed, give dates: from _____ 19____ to _____ 19____ (Month) (Year) (Month) (Year) | | | 28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less. | | |
| | | | 29. If you are willing to travel specify: -- Occasionally. -- Frequently. -- Constantly. | | |
| | | | 30. How much notice will you require to report for work? _____ | | |

Print or type your name here as in Item 4

31. (a) Have you ever **filed** applications for any Federal civil service examinations?..... Yes No
 (If so, list them below.)

| Titles of examinations | Examined in what cities | Month and year | Ratings |
|------------------------|-------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45)..... Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate?..... Yes No

| Name and location of school | Dates attended | | Years completed | | Degrees conferred | | Semester hours credit |
|--------------------------------|----------------|-----|-----------------|-------|-------------------|------|-----------------------|
| | From— | To— | Day | Night | Title | Date | |
| (b) College or university..... | | | | | | | |
| | | | | | | | |
| (c) Other..... | | | | | | | |

| (d) List your four chief undergraduate subjects | Semester hrs. | List your four chief graduate subjects | Semester hrs. |
|---|---------------|--|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

| 33. Indicate your knowledge of foreign languages. | READ | | | SPEAK | | | UNDERSTAND | | | 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)?..... Yes No |
|---|------|------|------|-------|------|------|------------|------|------|---|
| | Exc. | Good | Fair | Exc. | Good | Fair | Exc. | Good | Fair | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

If not, have you ever been licensed?.....
 Give kind of license and State.....
 Earliest license (year).....
 Most recent license (year).....

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

| Full name | Address (Give complete address, including street and number) | Business or occupation |
|-----------|---|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

36. May inquiry be made of your present employer regarding your character, qualifications, etc.?..... Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

| PRESENT POSITION | Place..... (City)..... (State)..... | Exact title of your position..... | Salary: Starting, \$..... |
|--------------------------------------|--|---|--|
| | From....., 19..... to....., 19..... (Month) (Year) (Month) (Year) | Name of employer:..... | Duties and responsibilities..... |
| Address..... | Kind of business or organization:..... | Number and class of employees you supervised..... | Name and title of your immediate supervisor..... |
| Machines and equipment you used..... | | | |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| Place..... From 19..... To 19..... Name of employer: Address Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor Reason for leaving | Exact title of your position..... Duties and responsibilities Machines and equipment you used | Salary: Starting, \$..... Per Final, \$..... |
| Place..... From 19..... To 19..... Name of employer: Address Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor Reason for leaving | Exact title of your position..... Duties and responsibilities Machines and equipment you used | Salary: Starting, \$..... Per Final, \$..... |
| Place..... From 19..... To 19..... Name of employer: Address Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor Reason for leaving | Exact title of your position..... Duties and responsibilities Machines and equipment you used | Salary: Starting, \$..... Per Final, \$..... |
| Place..... From 19..... To 19..... Name of employer: Address Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor Reason for leaving | Exact title of your position..... Duties and responsibilities Machines and equipment you used | Salary: Starting, \$..... Per Final, \$..... |

If more space is required, use a Continuation Sheet (Standard Form No. 59) or a sheet of paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

**UNITED NATIONS APPLICATION FOR EMPLOYMENT
NATIONS UNIES DEMANDE D'EMPLOI**

| | | |
|--|---|--|
| <p>1 Surname Nom de famille</p> <p>First Name Prénom usuel</p> <p>other names autres prénoms</p> <p>2 Address Adresse</p> <p>3 Telephone number No de téléphone</p> | <p>4 Date of birth Date de naissance</p> <p>5 Place of birth Lieu de naissance</p> <p>6 Nationality at birth Nationalité à la naissance</p> <p>7 Nationality now Nationalité actuelle</p> | |
| <p>8 Sex: (strike out what does not apply) Sexe: (biffer la mention inutile)</p> <p>Male Masculin</p> <p>Female Féminin</p> | <p>9 Marital Status: (strike out what does not apply) Situation conjugale: (biffer la mention inutile)</p> <p>Single Célibataire</p> <p>Married Marié(e)</p> <p>Divorced Divorcé(e)</p> <p>Widowed Veuf(ve)</p> <p>Separated Séparé(e)</p> | <p>10 Height Taille</p> <p>-----</p> <p>11 Weight Poids</p> <p>-----</p> |

Attach in this space a recent photograph 2½ inches square. On back of photograph write your name and address and the year the picture was taken.
Fixer ici une photographie récente de 38mm de côté. Indiquer au dos votre nom, votre adresse et l'année où la photographie a été prise.

12 Have you any dependants?
Avez-vous des personnes à votre charge?

If the answer is yes, state relationship and ages in space provided.
Dans l'affirmative indiquer ci-contre le degré de parenté et l'âge.

| | Relationship Degré de parenté | Age âge |
|--|----------------------------------|------------|
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

13 Have you any known physical defects or disability?
Etes-vous à votre connaissance, atteint d'un défaut physique ou d'une infirmité?

14 Have you ever had a nervous breakdown?
Vous est-il arrivé de souffrir de fatigue nerveuse?

15 Have you ever been discharged or forced to resign from any post?
Vous est-il arrivé d'être congédié ou mis en demeure de démissionner d'un poste que vous occupez?

If answer to question 13, 14, or 15 is yes, give details:
En cas de réponse affirmative aux questions 13, 14, ou 15, donner des détails:

16 Are any members of your family or relatives (either blood or by marriage) employed by United Nations? If so, give name and relationship.
Y a-t-il des membres de votre famille ou des personnes ayant avec vous des liens de parenté, (consanguinité ou alliance) qui travaillent pour l'Organisation des Nations Unies? Dans l'affirmative, indiquer le nom et le degré de parenté.

NE RIEN ECRIRE A CET ENDROIT

21 Record of Employment, including service in the armed services and other war activities.
 Liste des postes que vous avez occupés (y compris le service dans les forces armées et autres activités du temps de guerre).

| | | | |
|--|---------|---|-----------------------|
| (a) Present position Situation actuelle | | Title of your position Quelle est votre situation actuelle? | |
| Dates of service Dates | to à | Salary: starting Traitement: de début | final final |
| Name & address of employer Nom et adresse de l'employeur | | Duties and responsibilities Fonctions et responsabilités | |
| Kind of business Genre d'activité | | | |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres | | | |

| | | | |
|--|---------|--|-----------------------|
| (b) Previous positions Postes précédemment occupés | | Title of this position Quelle était votre situation? | |
| Dates of service Dates | to à | Salary: starting Traitement: de début | final final |
| Name & address of employer Nom et adresse de l'employeur | | Duties and responsibilities Fonctions et responsabilités | |
| Kind of business Genre d'activité | | | |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres | | | |
| Reasons for leaving Indiquer pour quels motifs vous avez cessé d'occuper ce poste | | | |

| | | | |
|--|---------|--|-----------------------|
| (c) Previous positions Postes précédemment occupés | | Title of this position Quelle était votre situation? | |
| Dates of service Dates de service | to à | Salary: starting Traitement: de début | final final |
| Name and address of employer Nom et adresse de l'employeur | | Duties and responsibilities Fonctions et responsabilités | |
| Kind of business Genre d'activité | | | |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres | | | |
| Reasons for leaving Indiquer pour quels motifs vous avez cessé d'occuper ce poste | | | |

UNITED NATIONS APPLICATION FOR EMPLOYMENT—Supplementary Sheet
NATIONS UNIES DEMANDE D'EMPLOI—Feuille Supplémentaire

Record of Employment (continued)

If additional space is needed for your record of employment, continue onto this form. Be sure to write your name and address on this form, in the space provided.

Postes occupés (suite)

Si un espace supplémentaire est nécessaire pour l'énumération des postes occupés, continuer sur cet imprimé et ne pas négliger de mentionner votre nom et votre adresse dans l'espace réservé à cet effet.

Surname
Nom de famille

First Name
Prénom usuel

other names
autres prénoms

Address
Adresse

(d) Previous positions
Postes précédemment occupés

Dates of service _____ to _____
Dates de service _____ à _____

Name & address of employer
Nom et adresse de l'employeur

Kind of business
Genre d'activité

Number and category of employees you supervised
Nombre et catégories d'employés placés sous vos ordres

Reasons for leaving
Indiquer pour quels motifs vous avez cessé d'occuper ce poste

Title of this position
Quelle était votre situation?

Salary: starting _____ final _____
Traitement: de début _____ final _____

Duties and responsibilities
Fonctions et responsabilités

(e) Previous positions
Postes précédemment occupés

Dates of service _____ to _____
Dates de service _____ à _____

Name & address of employer
Nom et adresse de l'employeur

Kind of business
Genre d'activité

Number and category of employees you supervised
Nombre et catégories d'employés placés sous vos ordres

Reasons for leaving
Indiquer pour quels motifs vous avez cessé d'occuper ce poste

Title of this position
Quelle était votre situation?

Salary: starting _____ final _____
Traitement: de début _____ final _____

Duties and responsibilities
Fonctions et responsabilités

**UNITED NATIONS EDUCATIONAL
SCIENTIFIC & CULTURAL ORGANISATION**

HQ. UNESCO HOUSE, 19, Avenue Kleber, Paris-16°

**ORGANISATION DES NATIONS UNIES
POUR L'ÉDUCATION, LA SCIENCE ET LA CULTURE**

SIÈGE : MAISON UNESCO

**APPLICATION FOR EMPLOYMENT
DEMANDE D'EMPLOI**

OFFICE USE ONLY

CLASSIF: _____ GRADE: _____

1. Surname (In large block letters)
Nom de famille (En majuscules):

First Names
Prénoms

Former names (if any)
Autres noms

Attach in this space a photograph 2 inches square. On back of photograph write your name and address and the year the picture was taken.

2. Address (see note A)
Adresse (voir note A)

Attacher ici une photographie récente de 5 cm. de côté. Indiquer au dos votre adresse et l'année au cours de laquelle la photographie a été prise.

3. Telephone Number: Home/Privé

N° de téléphone: Business/au bureau

4. Date of birth

Date de naissance

5. Place of birth

Lieu de naissance

6. Nationality at birth

Nationalité à la naissance

7. Citizenship now according to passport (See note B)

Nationalité actuelle figurant au passeport (Voir note B)

8. Sex:

Sexe:

9. Marital Status: (Cross out what does not apply)

Situation conjugale: (Biffer la mention inutile):

Single Married Widowed
Célibataire Marié(e) Veuf/ve

10. Nationality and name at birth of wife or husband

Nationalité et nom de naissance de la femme ou du mari

11. State number of people *completely* dependent on you (other than wife or husband)

Indiquez le nombre de personnes qui sont *entièrement* à votre charge, autres que votre époux (ou épouse):

Relationship

Date of birth

Degré de parenté

Date de naissance

12. Give the name and address of your next of kin, i.e., the person who should be notified in the case of accident, serious illness or death

Indiquez le nom et l'adresse de votre plus proche parent, c'est-à-dire de la personne à prévenir en cas d'accidents, de maladies graves ou de décès.

Name

Nom

Address

Adresse

Telephone Number

N° de téléphone

13. What is your present state of health?

Quel est votre état de santé actuel?

14. Are you willing to be examined by a doctor if required?

Consentez-vous à vous faire éventuellement examiner par un médecin?

15. Are any members of your family or relatives (either blood or by marriage) employed by the United Nations, Unesco, or other Specialised Agencies of the United Nations? If so, give name and relationship, and the Organisation in which employed.

Y a-t-il des membres de votre famille ou des personnes qui vous sont apparentées (par le sang ou par mariage) qui travaillent pour les Nations Unies, l'Unesco, ou d'autres institutions spécialisées des Nations Unies? Dans l'affirmative, indiquez le nom et le degré de parenté, ainsi que le nom de l'organisation où ces personnes sont employées.

16. EDUCATION
ETUDES

| Name and location of School Nom et adresse de l'école | Description Elementary, Secondary, etc.) Genre d'école (Elémentaire, primaire, secondaire, etc.) | From De | To A |
|--|---|------------|---------|
| | | | |
| | | | |

| College or University Etudes supérieures | From De | To A |
|---|------------|---------|
| | | |
| | | |

| Degrees, Diplomas, or other similar qualifications Grades universitaires, diplômes, ou autres titres | Date conferred Date d'obtention |
|---|------------------------------------|
| | |
| | |

List of chief subjects of study or special fields of interest.
Liste des principaux sujets d'étude ou des domaines auxquels vous vous intéressez particulièrement

List of Academic or Technical Writing (Indicate whether published or unpublished and name of publisher, date and place of publication).
Liste des travaux scientifiques ou techniques (Indiquer s'ils ont été publiés ou non, le nom de l'éditeur, la date et le lieu de l'édition).

(If the space is insufficient, please attach list)
(Si l'espace est insuffisant, prière de joindre une liste séparée)

17. Indicate your knowledge of languages
Quelle est votre connaissance des langues?

| List of languages Liste des langues | Spoken (Langue parlée) | | | Written (Langue écrite) | | | Shorthand (Sténographie) | Typewriting (Dactylographie) |
|--|---------------------------|---------------|-----------------|----------------------------|---------------|-----------------|---------------------------------------|---------------------------------|
| | Exc. Excel. | Good Bonne | Fair Moyenne | Exc. Excel. | Good Bonne | Fair Moyenne | State Speeds (Indiquer la vitesse) | |
| | | | | | | | | |
| | | | | | | | | |

18. List office machines you are qualified to operate?
Quel matériel de bureau (machines à calculer, etc.) savez-vous utiliser?

19. RECORD OF EMPLOYMENT, including service in the armed forces and other war activities.
 LISTE DES POSTES que vous avez occupés (y compris le service dans les forces armées et autres affectations intéressant la Défense nationale).

(a) Present position.
 Poste actuel.

| | |
|---|--|
| Dates of service: from _____ to _____ Dates de service: de _____ à _____ | Title of your position Quel est votre poste actuel ? _____ |
| Name and address of employer Nom et adresse de l'employeur. _____ | Salary: starting _____ final _____ Traitement: de début _____ final _____ |
| Kind of business Genre de travail _____ | Duties and responsibilities Fonctions et attributions _____ |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres _____ | |

(b) Previous positions.
 Postes précédemment occupés.

| | |
|---|--|
| Dates of service: from _____ to _____ Dates de service: de _____ à _____ | Title of your position Quel était votre poste ? _____ |
| Name and address of employer Nom et adresse de l'employeur. _____ | Salary: starting _____ final _____ Traitement: de début _____ final _____ |
| Kind of business Genre de travail _____ | Duties and responsibilities Fonctions et attributions _____ |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres _____ | |
| Reasons for leaving Indiquez pourquoi vous avez quitté ce poste _____ | |

| | |
|---|--|
| Dates of service: from _____ to _____ Dates de service: de _____ à _____ | Title of your position Quel était votre poste ? _____ |
| Name and address of employer Nom et adresse de l'employeur. _____ | Salary: starting _____ final _____ Traitement: de début _____ final _____ |
| Kind of business Genre de travail _____ | Duties and responsibilities Fonctions et attributions _____ |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres _____ | |
| Reasons for leaving Indiquez pourquoi vous avez quitté ce poste _____ | |

| | |
|---|--|
| Dates of service: from _____ to _____ Dates de service: de _____ à _____ | Title of your position Quel était votre poste ? _____ |
| Name and address of employer Nom et adresse de l'employeur. _____ | Salary: starting _____ final _____ Traitement: de début _____ final _____ |
| Kind of business Genre de travail _____ | Duties and responsibilities Fonctions et responsabilités _____ |
| Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres _____ | |
| Reasons for leaving Indiquez pourquoi vous avez quitté ce poste _____ | |

Use additional pages if necessary.
 Ajoutez des pages supplémentaires en cas de besoin

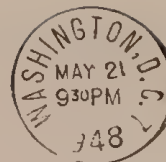
20. Are you subject to military service?
 Pouvez-vous être appelé au service militaire?
 Can you be recalled for national service of any kind?
 Etes-vous dégagé de toute obligation de service national (militaire ou autre)?
21. Give the names and addresses of three persons, not related to you by blood or marriage, to whom reference may be made concerning your character and qualifications.
 Donner le nom et l'adresse de trois personnes, ni parents, ni alliés, susceptibles de donner des renseignements sur vos titres et votre réputation.
1.
 2.
 3.
22. Have you any objections to our communicating with your present employer?
 Avez-vous des objections à ce que nous nous mettions en rapport avec votre employeur actuel?
23. Are you willing to travel? If so, indicate whether
 Etes-vous disposé à vous déplacer? Dans l'affirmative, indiquer si vous pouvez vous déplacer:
- | | | |
|-------------------|-------------|-------------|
| occasionally | frequently | constantly |
| de temps en temps | fréquemment | constamment |
24. Would you accept employment anywhere?
 Accepteriez-vous d'être nommé à n'importe quel endroit?
 If not, give locations acceptable:
 Dans la négative, indiquez les endroits que vous accepteriez:
25. Position or kind of work applied for: (see also question 28)
 Poste ou genre d'emploi demandé: (voir aussi question 28)
1. Preference
 De préférence
2. Other
 Ou, à défaut
26. How much notice would you require to report for work? (State reasons)
 Dans quel délai pourriez-vous entrer en fonctions? (Indiquer les raisons)
27. Are you seeking permanent employment or would you be prepared to accept a short term appointment?
 Cherchez-vous un emploi permanent, ou accepteriez-vous un emploi temporaire?
28. State briefly any special qualifications (not covered earlier in this application) and reasons for choosing the field of work within UNESCO indicated in question 25.
 Indiquez brièvement les titres spéciaux (non mentionnés sur ce questionnaire) et les raisons particulières justifiant votre choix d'un domaine déterminé dans l'UNESCO (voir question 25).

29. I, the undersigned, certify that the statements made by me above are full and true to the best of my knowledge and belief. I understand that any wilful misstatement renders me liable to instant dismissal, if employed.
 Je, soussigné, certifie que les déclarations faites par moi ci-dessus sont, à ma connaissance, complètes et exactes. Je reconnais que toute indication sciemment inexacte me rend passible de renvoi immédiat, au cas où je serais engagé.
 engagé.

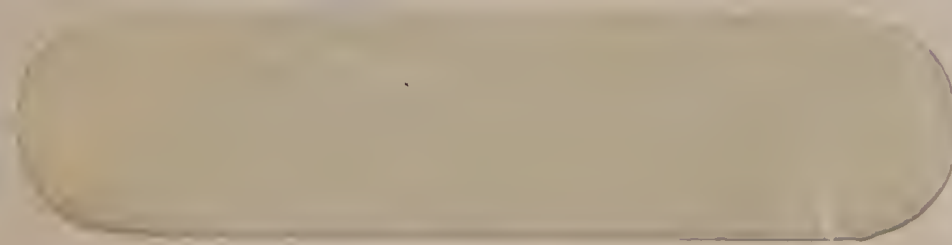
Date Signature

- NOTES (A) Give your permanent address, and also the address at which mail will reach you, if this is different.
 Indiquez votre adresse permanente, ainsi que l'adresse à laquelle vous faites adresser votre courrier (si celle-ci est différente).
- (B) If your citizenship now is different from your nationality at birth, give on an attached sheet the date and conditions under which you acquired your present citizenship.
 Si votre nationalité actuelle diffère de votre nationalité d'origine, indiquez sur une feuille jointe à ce formulaire à quelle date et dans quelles circonstances vous avez acquis votre nationalité actuelle.

ECONOMIC COOPERATION ADMINISTRATION
WASHINGTON 25, D. C.
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)



APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in **INK**. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a **WRITTEN** examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an **UNWRITTEN** examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

| APPLICATION NO. | 1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR | | DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|--|--------------------------------------|-----------------------------|---|---|--|---|--|--|---|--------------------------|--|---|-------|------------------------------------|-------|-------|-------|-------|--|-------|-------|-------|-------|---------------------------------|-------|-------|-------|-------|---|-------|
| | 2. OPTION(S) <i>(if mentioned in examination announcement)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. PLACE OF EMPLOYMENT APPLIED FOR <i>(City and State)</i> | 4. DATE OF THIS APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. MR. (First name) (Middle) (Maiden, if any) (Last) MRS. MISS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANNOUNCEMENT | 6. (A) STREET AND NUMBER OR R. D. NUMBER | | ENTERED REGISTER: <input type="checkbox"/> APPOR. <input type="checkbox"/> MATERIAL <input type="checkbox"/> NON-APPOR. <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. (B) CITY OR POST OFFICE <i>(including postal zone)</i> AND STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. LEGAL OR VOTING RESIDENCE <i>(State)</i> | 8. (A) OFFICE PHONE | NOTATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (B) HOME PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9. DATE OF BIRTH <i>(month, day, year)</i> | 10. <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE | | APP. REVIEW: APPROVED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11. PLACE OF BIRTH <i>(city and State; if born outside U. S., name city and country)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 13. (A) HEIGHT WITHOUT SHOES: FEET INCHES | (B) WEIGHT: POUNDS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">OPTION</th> <th style="width: 10%;">GRADE</th> <th style="width: 10%;">EARNED RATING</th> <th style="width: 15%;">PREFER-ENCE</th> <th style="width: 10%;">AUGM. RATING</th> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td><input type="checkbox"/> 5 POINTS (TENT.)</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td><input type="checkbox"/> 10 POINTS</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td><input type="checkbox"/> DISAL.</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td>-----</td> </tr> </table> | | | OPTION | GRADE | EARNED RATING | PREFER-ENCE | AUGM. RATING | ----- | ----- | ----- | <input type="checkbox"/> 5 POINTS (TENT.) | ----- | ----- | ----- | ----- | <input type="checkbox"/> 10 POINTS | ----- | ----- | ----- | ----- | <input type="checkbox"/> WIFE OR WIDOW | ----- | ----- | ----- | ----- | <input type="checkbox"/> DISAL. | ----- | ----- | ----- | ----- | <input type="checkbox"/> BEING INVESTIGATED | ----- |
| OPTION | GRADE | EARNED RATING | | | | PREFER-ENCE | AUGM. RATING | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | <input type="checkbox"/> 5 POINTS (TENT.) | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | <input type="checkbox"/> 10 POINTS | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | <input type="checkbox"/> WIFE OR WIDOW | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | <input type="checkbox"/> DISAL. | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | <input type="checkbox"/> BEING INVESTIGATED | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE | | | INITIALS AND DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$..... PER YEAR. <i>You will not be considered for any position with a lower entrance salary.</i> (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL. SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position." | | | PRESENT POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">① PRESENT POSITION</td> </tr> <tr> <td style="width: 30%;">DATES OF EMPLOYMENT <i>(month, year)</i></td> <td style="width: 30%;">EXACT TITLE OF YOUR PRESENT POSITION</td> </tr> <tr> <td>FROM: _____ TO PRESENT TIME</td> <td>CLASSIFICATION GRADE <i>(if in Federal Service)</i></td> </tr> <tr> <td>PLACE OF EMPLOYMENT <i>(city and State)</i></td> <td>SALARY OR EARNINGS: STARTING, \$ _____ PER PRESENT, \$ _____ PER</td> </tr> <tr> <td>NAME AND ADDRESS OF EMPLOYER <i>(firm, organization, or person; if Federal, name department, bureau or establishment, and division)</i></td> <td>NAME AND TITLE OF IMMEDIATE SUPERVISOR</td> </tr> <tr> <td>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</td> <td>KIND OF BUSINESS OR ORGANIZATION <i>(e. g., wholesale silk, insurance agency, manufacture of locks, etc.)</i></td> </tr> <tr> <td>DESCRIPTION OF YOUR WORK</td> <td>REASON FOR DESIRING TO CHANGE EMPLOYMENT</td> </tr> </table> | | | ① PRESENT POSITION | | DATES OF EMPLOYMENT <i>(month, year)</i> | EXACT TITLE OF YOUR PRESENT POSITION | FROM: _____ TO PRESENT TIME | CLASSIFICATION GRADE <i>(if in Federal Service)</i> | PLACE OF EMPLOYMENT <i>(city and State)</i> | SALARY OR EARNINGS: STARTING, \$ _____ PER PRESENT, \$ _____ PER | NAME AND ADDRESS OF EMPLOYER <i>(firm, organization, or person; if Federal, name department, bureau or establishment, and division)</i> | NAME AND TITLE OF IMMEDIATE SUPERVISOR | NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | KIND OF BUSINESS OR ORGANIZATION <i>(e. g., wholesale silk, insurance agency, manufacture of locks, etc.)</i> | DESCRIPTION OF YOUR WORK | REASON FOR DESIRING TO CHANGE EMPLOYMENT | REASON FOR DESIRING TO CHANGE EMPLOYMENT | | | | | | | | | | | | | | | | | | |
| ① PRESENT POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES OF EMPLOYMENT <i>(month, year)</i> | EXACT TITLE OF YOUR PRESENT POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM: _____ TO PRESENT TIME | CLASSIFICATION GRADE <i>(if in Federal Service)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF EMPLOYMENT <i>(city and State)</i> | SALARY OR EARNINGS: STARTING, \$ _____ PER PRESENT, \$ _____ PER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER <i>(firm, organization, or person; if Federal, name department, bureau or establishment, and division)</i> | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | KIND OF BUSINESS OR ORGANIZATION <i>(e. g., wholesale silk, insurance agency, manufacture of locks, etc.)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR WORK | REASON FOR DESIRING TO CHANGE EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

16. CONTINUED

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| ② DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
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| ③ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
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| ④ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
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| 5 DATES OF EMPLOYMENT (month, year) FROM: _____ TO: _____ | | EXACT TITLE OF YOUR POSITION | | CLASSIFICATION GRADE (if in Federal service) | | SALARY OR EARNINGS: STARTING \$ _____ PER FINAL \$ _____ PER | | | | | | |
| PLACE OF EMPLOYMENT (city and State) | | | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | | | REASON FOR LEAVING | | | | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | | | | | |
| If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application. | | | | | | | | | | | | |
| 17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.) | | | | | | | | | | | | |
| DATES | | LOCATION | | DESCRIPTION OF TRAINING | | | | | | | | |
| FROM | TO | | | | | | | | | | | |
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| 18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> SENIOR HIGH SCHOOL | | | | (A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED _____ | | | | | | | | |
| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY _____ | | | | MAJOR AND SPECIALTY _____ | | DATES ATTENDED FROM _____ TO _____ | | YEARS COMPLETED DAY _____ NIGHT _____ | | DEGREES CONFERRED TITLE _____ DATE _____ | | SEMESTER HOURS CREDIT _____ |
| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS _____ | | | | SEMESTER HOURS _____ | | LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS _____ | | | | SEMESTER HOURS _____ | | |
| (E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT _____ | | | | SUBJECTS STUDIED _____ | | DATES ATTENDED FROM _____ TO _____ | | YEARS COMPLETED DAY _____ NIGHT _____ | | | | |
| 19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES | | | READING EXC. GOOD FAIR | | SPEAKING EXC. GOOD FAIR | | UNDERST'NG EXC. GOOD FAIR | | | 22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR): _____ LATEST LICENSE OR CERTIFICATE (YEAR): _____ | | |
| 20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation) _____ | | | 23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS: (A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested) (B) YOUR PATENTS OR INVENTIONS (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (E) HONORS AND FELLOWSHIPS RECEIVED. | | | | | | | | | |
| 21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTON-ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES _____ | | | APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING _____ SHORTHAND _____ | | | | | | | | | |

24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

| FULL NAME | PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number) | BUSINESS OR OCCUPATION |
|-----------|--|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

| | YES | NO | | YES | NO |
|---|-----|----|---|-----|----|
| 25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.? | | | 35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39.</i> | | |
| 26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | | | 36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <i>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.</i> | | |
| 27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION? | | | | | |
| 28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION? | | | | | |

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INOICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORAINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?
If your answer is "Yes," give dates of and reasons for such debarment in Item 39.

33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?
If your answer is "Yes," give complete details in Item 39.

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? YES NO

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.) SERIAL NO. (if none, give grade or rating at time of separation).

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? YES NO

(B) ARE YOU A DISABLED VETERAN?
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply).

| ITEM NO. | ITEM NO. |
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If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT _____
(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe")

ECONOMIC COOPERATION ADMINISTRATION

WASHINGTON

21 May 1948

FPL II, 4-48

Miss Edith C. Falk
935 Madison Avenue, Apt. 6
New York 21, N. Y.

Dear Miss Falk:

Your application for a position with the Economic Cooperation Administration is deeply appreciated.

Since my appointment on April 7, 1948, patriotic American citizens have been writing me to offer their services, at the rate of more than a thousand a day. Obviously, I cannot give personal attention to every letter but I am seeing to it that every one is carefully read and classified so that it may be considered as soon as department heads are appointed.

Contrary to the general impression, we shall have a comparatively small staff consisting largely of technicians and experts. One reason why our staff will be small, in comparison with those of other government departments, is that we shall not be a procurement agency. Actual purchasing will be done through private channels, by foreign governments, or through other existing agencies of the United States Government, such as the Commodity Credit Corporation of the Department of Agriculture, the Bureau of Federal Supply of the Treasury, the Quartermaster Department of the Army, etc.

Before your letter can be given further consideration, we must receive from you the enclosed standard application, fully filled in. As you know, the law requires that all appointees be investigated by the Federal Bureau of Investigation, so all questions should be answered completely.

It will be at least ninety days before our staff approaches its full strength of several hundred persons.

Thanking you for writing, I am,

Sincerely,

PAUL G. HOFFMAN

Administrator for Economic Cooperation

Enclosure

INSTRUCTIONS

1. TYPEWRITE OR PRINT IN INK.
2. Answer fully ALL items INSIDE THE HEAVY LINES on each of these cards.
3. Do not separate the cards. Fold at perforations only.

| | | |
|--|---|--|
| Name: (Last) _____ Mr. (One given name, and initial or initials) Mrs. Miss | | Date reg. |
| Legal or voting residence: (State) _____ | Date of birth: (Month, day, year) _____ | Anno. No. _____ |
| Title of examination (as given on examination announcement): _____ | | |
| Place of written test (City, State): _____ | Date of written test or application: (Month, day, year) _____ | Appl. No. _____ |
| Option | Grade | Rating, including preference |
| | | <input type="checkbox"/> 5 point (tent.) <input type="checkbox"/> 10 point (disab.) <input type="checkbox"/> Wife or widow <input type="checkbox"/> Dis-allowed |

CSC Form 5001-B—May 1947

(Fold here)

EXAMINATION RECORD CARD

| | | | | | | |
|----------------------|---|--|-------|--------|-----------|-----------|
| Rating (incl. pref.) | Pref. <input type="checkbox"/> 10 <input type="checkbox"/> 5 (tent.) | Leg. Res. <input type="checkbox"/> A <input type="checkbox"/> N | Grade | Option | Anno. No. | Appl. No. |
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| | | |
|---|---|--|
| Name: (Last) _____ Mr. (One given name, and initial or initials) Mrs. Miss | | Date of birth: (Month, day, year) _____ |
| Address: (Street, P. O. box, or R. D. number) _____ | | Telephone No.: _____ |
| City, Zone, and State: _____ | | What is the lowest rate of pay you will accept? \$ _____ Per _____ (Dollars) (Year, month, day, hour) |
| Title of examination (as given in examination announcement)—include option, if any— _____ | | Check if you will accept short term appointment for <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months |
| Would you be willing to work Yes No In Washington, D. C.? <input type="checkbox"/> <input type="checkbox"/> Anywhere in the United States? <input type="checkbox"/> <input type="checkbox"/> Outside the United States? <input type="checkbox"/> <input type="checkbox"/> | If you would accept appointment in only certain locations, list acceptable locations: _____ _____ | Are you now employed by the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, complete the following: Title of your position _____ Your present grade _____ (Service, grade) Agency and bureau or establishment _____ Address _____ |
| | | Date reg. _____ |

REGISTER CARD CSC Form 5001-C—May 1947

(Fold here)

| | | |
|--|--|-----------------|
| Name: (Last) _____ Mr. (One given name, and initial or initials) Mrs. Miss | | Date received |
| Legal or voting residence: (State) _____ | Date of birth: (Month, day, year) _____ | Anno. No. _____ |
| Title of examination (as given in examination announcement): _____ | | |
| Option, if any (as given in announcement): _____ | Date of this application: (Month, day, year) _____ | |

PENDING RECORD CARD

CSC Form 5001-A—May 1947

UNITED STATES CIVIL SERVICE COMMISSION
APPLICATION CARD—FORM 5001-ABC

Instructions:

Read the examination announcement carefully.

DO NOT APPLY UNLESS you meet ALL the requirements stated in the examination announcement. If you do not meet ALL the stated requirements, your application will be canceled and the time and effort you spent in making it out will be wasted.

Furnish only the material SPECIFICALLY requested in the examination announcement, including these cards, the application form, and any other required forms.

GPO 16-47410-3

CSC Form 5001-ABC
May 1947

(APPLICANT WILL NOT FILL IN THESE BLANKS)

Certificate Record:

16-47410-2 GPO

| Cert. No. | Date | Position and Salary | Service and Locality | Action |
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(APPLICANT WILL NOT FILL IN THESE BLANKS)

Citizenship Proof: Certificate of _____ Issued by _____ Court _____

At _____ On _____ Proof returned _____

Military Preference: Kind of proof _____ Date proof returned _____ Enlisted _____ Discharged _____ Service _____ Organization _____

| Date Appointed | Selection Approved | Position | Salary | Cert. No. | Service |
|----------------|--------------------|----------|--------|-----------|---------|
| | | | | | |

Remarks:

16-47410-2 GPO

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

| APPLICATION NO. | 1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR | | DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|-----|---------------|--|---------------|-------------|--------------|--|--|--|---|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|---|--|
| | 2. OPTION(S) (if mentioned in examination announcement) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) | 4. DATE OF THIS APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. MR. (First name) (Middle) (Maiden, if any) (Last) MRS. MISS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANNOUNCEMENT | 6. (A) STREET AND NUMBER OR R. D. NUMBER | | ENTERED REGISTER: <input type="checkbox"/> APPOR. <input type="checkbox"/> MATERIAL <input type="checkbox"/> SUBMITTED <input type="checkbox"/> NON-APPOR. <input type="checkbox"/> RETURNED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (B) CITY OR POST OFFICE (including postal zone) AND STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. LEGAL OR VOTING RESIDENCE (State) | 8. (A) OFFICE PHONE | NOTATIONS: APP. REVIEW: APPROVED: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9. DATE OF BIRTH (month, day, year) | 10. <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OPTION</th> <th style="width:10%;">GRADE</th> <th style="width:10%;">EARNED RATING</th> <th style="width:15%;">PREFER-ENCE</th> <th style="width:10%;">AUGM. RATING</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 5 POINTS (TENT.)</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 10 POINTS WIFE OR WIDOW</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> DISAL.</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td> </td> </tr> </tbody> </table> | | | OPTION | GRADE | EARNED RATING | PREFER-ENCE | AUGM. RATING | | | | <input type="checkbox"/> 5 POINTS (TENT.) | | | | | <input type="checkbox"/> 10 POINTS WIFE OR WIDOW | | | | | <input type="checkbox"/> DISAL. | | | | | <input type="checkbox"/> BEING INVESTIGATED | |
| | OPTION | GRADE | | | | EARNED RATING | PREFER-ENCE | AUGM. RATING | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | <input type="checkbox"/> 5 POINTS (TENT.) | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | <input type="checkbox"/> DISAL. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> BEING INVESTIGATED | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 13. (A) HEIGHT WITHOUT SHOES: (B) WEIGHT: FEET INCHES POUNDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE | | INITIALS AND DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$..... PER YEAR. <i>You will not be considered for any position with a lower entrance salary.</i> (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position." | | (D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES (E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① PRESENT POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR PRESENT POSITION | CLASSIFICATION GRADE (if in Federal Service) | SALARY OR EARNINGS: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM: | TO PRESENT TIME | | | STARTING, \$ | PER | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR DESIRING TO CHANGE EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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16. CONTINUED

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| ② DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
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| ③ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
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| ④ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: | |
| FROM: | TO: | | | STARTING \$ | PER |
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
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| 5 DATES OF EMPLOYMENT (<i>month, year</i>) FROM: _____ TO: _____ | | EXACT TITLE OF YOUR POSITION | | CLASSIFICATION GRADE (<i>if in Federal service</i>) | SALARY OR EARNINGS: STARTING \$ _____ PER FINAL \$ _____ PER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|---|-------------------------|--|--|------|-----------------------|--|-------------------|-------------------------|-----------------------|-----------|----|-----|-------|-------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|----------------|---|-----------------|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE OF EMPLOYMENT (<i>city and State</i>) | | | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER (<i>firm, organization, or person; if Federal, name department, bureau or establishment, and division</i>) | | | | KIND OF BUSINESS OR ORGANIZATION (<i>e. g., wholesale silk, insurance agency, manufacture of locks, etc.</i>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">DATES</th> <th rowspan="2">LOCATION</th> <th rowspan="2">DESCRIPTION OF TRAINING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | | DATES | | LOCATION | DESCRIPTION OF TRAINING | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES | | LOCATION | DESCRIPTION OF TRAINING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18. EDUCATION (<i>Circle highest grade completed</i>): 1 2 3 4 5 6 7 8 9 10 11 12 MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> SENIOR HIGH SCHOOL | | | | (A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED (B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">DATES ATTENDED</th> <th colspan="2">YEARS COMPLETED</th> <th colspan="2">DEGREES CONFERRED</th> <th rowspan="2">SEMESTER HOURS CREDIT</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>DAY</th> <th>NIGHT</th> <th>TITLE</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | DATES ATTENDED | | YEARS COMPLETED | | DEGREES CONFERRED | | SEMESTER HOURS CREDIT | FROM | TO | DAY | NIGHT | TITLE | DATE | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</th> <th>SEMESTER HOURS</th> <th>(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (<i>show name and location of school</i>) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</th> <th>YEARS COMPLETED</th> </tr> <tr> <td></td> <td></td> <td>SUBJECTS STUDIED</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | SEMESTER HOURS | (E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (<i>show name and location of school</i>) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT | YEARS COMPLETED | | | SUBJECTS STUDIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DATES ATTENDED | | YEARS COMPLETED | | DEGREES CONFERRED | | SEMESTER HOURS CREDIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | SEMESTER HOURS | (E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (<i>show name and location of school</i>) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT | YEARS COMPLETED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBJECTS STUDIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">READING</th> <th colspan="2">SPEAKING</th> <th colspan="2">UNDERST'NG</th> </tr> <tr> <th>EXC.</th> <th>GOOD FAIR</th> <th>EXC.</th> <th>GOOD FAIR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | READING | SPEAKING | | UNDERST'NG | | EXC. | GOOD FAIR | EXC. | GOOD FAIR | | | | | | | | | | | | | | | | | | | | | 22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (<i>such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.</i>)? <input type="checkbox"/> YES <input type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE. FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READING | SPEAKING | | UNDERST'NG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (<i>e. g., military service, business, education, recreation</i>) | | | | 23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS: (A) YOUR MORE IMPORTANT PUBLICATIONS (<i>do not submit copies unless requested</i>) (B) YOUR PATENTS OR INVENTIONS (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (E) HONORS AND FELLOWSHIPS RECEIVED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTON-ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES | | | | APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

| FULL NAME | PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number) | BUSINESS OR OCCUPATION |
|-----------|--|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO | INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|--|-----|----|--|-----|----|
| 25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.? | | | 35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39.</i> | | |
| 26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | | | 36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <i>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.</i> | | |
| 27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION? | | | SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war. | | |
| 28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION? | | | | | |
| 29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? <i>If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</i> | | | | | |

30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?
If your answer is "Yes," give dates of and reasons for such debarment in Item 39.

33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?
If your answer is "Yes," give complete details in Item 39.

| YES | NO |
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37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR SEPARATIONS

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): SERIAL NO. (if none, give grade or rating at time of separation).

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

(B) ARE YOU A DISABLED VETERAN?
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY
 The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____

Agency: _____ Title: _____

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply).

| ITEM NO. | ITEM NO. |
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If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT _____

(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe".)

UNITED NATIONS



NATIONS UNIES

LAKE SUCCESS, NEW YORK • FIELDSTONE 7-1100

REFERENCE: **Personnel Bureau**
Appointments and Staff Relations Division

14 May 1948

Miss Edith C. Falk
935 Madison Avenue
New York 21, N.Y.

Dear Miss Falk:

Thank you for your recent letter.

Our staff needs are now so limited that recruitment has largely been discontinued except in respect of a few posts which we hope to fill from countries which still have an inadequate representation in the Secretariat.

The best we can do, therefore, is to keep your letter on file in case of future developments.

Yours truly,

A handwritten signature in cursive script that reads "W. P. Barrett".

W. P. Barrett
Chief, Appointments and Staff
Relations Division

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

EXECUTIVE SERVICE CORPORATION (Agency)

W. GAIL CAMP
President

19 WEST 44th STREET
NEW YORK 18, N. Y.

Murray Hill 2-4000

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

EXECUTIVE SERVICE CORPORATION (Agency)

W. GAIL CAMP
President

19 WEST 44th STREET
NEW YORK 18, N. Y.

Murray Hill 2-4000

IMPORTANT! The More Things You Can Do, the Quicker You Can Be Placed.
Check (✓) All the Following that You Are Familiar With.

Name (LAST NAME FIRST) Falk, Edith C.
Please Print Falk, Edith C.
Street Address 935 Madison Ave. Apt. 6.
City & State New York 21, N. Y.

Telephone Dictaphone Ediphone Stenotype
Plug Board Size Monitor " Typewriter Underwood Remington Royal A. C. Smith Oliver Noiseless Filing Full Charge Assistant Assistant Posting only

Least Salary you will accept to start \$ 65.- per week.

O. K. 2
Res No. 1

STENOGRAPHY—Words per minute. _____
TYPEWRITING— " " " _____

Languages you can translate German, French.

Classification (Leave blank) _____ R-R _____
Temporary _____ Date _____

Will you pay for a telegram or an out of town phone call? YES NO

Education (Give name of institution and years attended)
High School Girls H. Sch. 10 yrs.
College Evening Ext. Courses, City College.
Special _____

Bookkeeping Full Charge Assistant Posting only

Billing Machine Calculating Machines Adding Machine Dalton Computing Burroughs Felt & Tarrant Compt. Moon-Hopkins Calculator Monroe

Bookk'p'g Machines Miscellaneous Addressograph Graphotype Multigraph Mimeograph Hollerith Key Punch Teletype Powers Key Punch

Age 36 Date of Birth 7/5/11 Height 5 ft. 1 in. Weight 145 lbs. Single? Yes Living at home? No
Married? _____ If not, with whom? Friend

EXPERIENCE—Give an accurate chronological statement of the positions you have held since leaving school.

| Line of Business | Name and Address of Company | Employed by | Dates of Service | Duties | Salary | Reason for Leaving |
|-------------------|-----------------------------|--------------|------------------|-------------------|-----------------|---|
| <u>See Resume</u> | <u>War Dept. Overseas</u> | <u>Govt.</u> | <u>45-48</u> | <u>See Resume</u> | <u>\$5600.-</u> | <u>Organ. was discontinued.</u> |
| <u>See Resume</u> | <u>Office of Censorship</u> | <u>"</u> | <u>43-45</u> | <u>See Resume</u> | <u>\$3000.-</u> | <u>Transferred to War Dept. Overseas.</u> |
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| DATE CALLED | RESULT | DATE SENT | CLIENT | ORDER NO. | REMARKS |
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| 5 | 6 | 8 | 9 | 10 | 12 | 15 | 5 | 6 | 8 | 9 | 10 | 12 | 15 | | | | | | | |
| I Authorize you to Refer To:— LAST EMPLOYER | | | | | | | (FILL IN ONLY IF FIRMS ARE STILL IN BUSINESS) | | | | | | | I Authorize you to Refer To:— NEXT TO LAST EMPLOYER | | | | | | |
| Firm Name | | | | | | | Firm Name | | | | | | | Firm Name | | | | | | |
| Address | | | | | | | Address | | | | | | | Address | | | | | | |
| Who Employed You | | | His Title | | Telephone No. | | Who Employed You | | | His Title | | Telephone No. | | Who Employed You | | | His Title | | Telephone No. | |
| Position Held | | | | No. of Office Employees There Besides Yourself | | | Position Held | | | | No. of Office Employees There Besides Yourself | | | Position Held | | | | No. of Office Employees There Besides Yourself | | |

REFERENCES

In Space below, give names of three persons who have known you for the past two years and who are not related to you, as references. At least one reference should be able to vouch for your business ability.

| Name | Address |
|------------------|-------------------------------|
| Mrs. B. WRETHOLM | 935 Madison Ave, N.Y.C. |
| Mrs. E. HUNTER | 9 Risley Place, New Rochelle. |
| Mr. W. DUKE | 185 Madison Ave, N.Y.C. |

What Influenced You to Apply Here for a Position?
(Fill in proper answer)

- I saw your "Ad" in the following newspaper.
N.Y. Times.....
- I was referred to you
(a) by an employer.....
(b) by a friend.....
- You placed me before.....

File No. _____

**THIS IS YOUR AGREEMENT WITH US WHICH CONFORMS WITH THE NEW YORK STATE LAWS
READ IT CAREFULLY BEFORE YOU SIGN IT!**

Gentlemen: I hereby solicit your services and in consideration of your accepting my application and for the professional aid you may render me in getting a position, I AGREE, in the event that I agree to start work on a given date or accept a position offered me by an employer as the result of an introduction or information I receive from you, to pay you promptly in accordance with the following schedule and to treat all information given to me as strictly confidential. If I should divulge any information to anyone with the result that someone other than myself obtains the employment about which you gave me the information, I hereby bind myself to pay you the full service charge.

SCHEDULE OF SERVICE CHARGES AND METHODS OF PAYMENT APPEAR BELOW:

EMPLOYMENT
Under \$2500.00
Per Year

It is understood that the fees listed below apply only to the total salary or income computed for my first (1st) full year's employment, or any fraction thereof, that I may be employed.

An amount equal to the first full week's salary or income to be paid to you in three installments, one-third each week for the first three weeks of employment regardless of when or how my salary is paid to me.

\$2500.00 to \$4999.99
Per Year

A percentage of the computed first full year's salary or income equal to one one-thousandth (.001) thereof. The fee so computed is to be paid to you in four installments, one-fourth each week for the first four weeks of employment regardless of when or how my salary is paid to me.

Examples: Computed Yearly

| Salary | Rate | Fee |
|-----------|-------|--------------|
| \$2500.00 | 2.5% | \$ 62.50 |
| \$2600.00 | 2.6% | 67.60 |
| \$2750.00 | 2.75% | 75.63 |
| \$2800.00 | 2.8% | 78.40 |
| \$3000.00 | 3% | 90.00 |
| \$4500.00 | 4.5% | 202.50, etc. |

\$5000.00 Per Year
and Up

Five per cent. (5%) of the total computed first year's salary or income to be paid to you in four equal installments, as above.

MAINTENANCE

If the position I accept includes maintenance as a part of the salary or income I understand and agree that the employer's valuation thereof will be added to such other salary or income as I receive in computing my total salary, wages or income as above described.

**TEMPORARY
EMPLOYMENT**

For a temporary position the fees shall be 10% of the total amount of earnings I receive, but not more than the fee for a permanent position at a like salary.

I FULLY UNDERSTAND AND AGREE in connection with these terms:

- To notify you promptly of the result of any interviews I obtain through your services and to keep all information given to me by you strictly confidential.
- That your service is completed and my obligation to pay for it is created as soon as I accept a position with an employer or agree to start work on a given date.
- That my engagement "On Trial" in connection with a permanent position does not alter the permanent position charges applying thereto.
- In the event I accept employment and fail to report for work, or in the event I leave said employment of my own accord within one week, your fee shall be one-half the maximum rate as above scheduled.
- In the event I am discharged for cause after one full day but before the completion of one full week of work your fee is two-fifths of the maximum rate above scheduled.
- To pay the placement fee to the said Executive Service Corporation, in accordance with the terms above mentioned—whether I secure the particular position or any other position with the firm or individual I have been sent to, or any other position that I may be subsequently referred to as the result of such an interview or information, provided such employment is secured at any time within one year from the date on which I obtain said information or interview through the Executive Service Corporation.
- That on all "out-of-town" positions only, where I will work outside of Greater New York, I understand that I must pay your fee before starting work on my new position.

FURTHERMORE, in the event I default in any of my payments as they become due, I authorize you to acquaint my employer with my delinquency and to collect from him, if you so elect, any balance due you from me, your receipt therefor to release him from any claim or action by me for his deducting of an equivalent sum from any salary due, or to become due, to me.

Dated, New York July 25, 19 48
Witnessed By _____

Edith C. Tally
Applicant's Full Name

Social Security No. _____

THIS IS YOUR AGREEMENT WITH US—READ IT CAREFULLY BEFORE YOU SIGN IT!