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Employment Applications - undated, 1943-1948

Standard Form	No. 57
R-mound & roll	9 1942
(Revised July 19	342)
II. S. CIVIL SE	H2) RVICE COMMISSION

#### APPLICATION FOR FEDERAL EMPLOYMENT

S. CIVIL SERVICE COMMISSION  S. C. Dept. Cir. No. 332  INSTRUCTIONS.—Answer every question clearly and complete assure clear photographic copies for appointing agencies. If you Civil Service Examination, read the Examination Announcement cation to the office asmed therein; if not, mail with an explanatory lew WASHINGTON, D. C., unless otherwise directed. Notify same office.	letely. Typew u are applying arefully, followerter to the U.S. e of any change	write or write legibly in BLA ng for o specific United wall directions, and mail the S. CIVIL SERVICE COMM te of address.	CK INK.  I States his appli- IISSION.	
1. Name of examination, if any; or name of position applied for		AV. The	s space for U. 8. Civil Service Commission	Te U.S. Civil Borvics Commission
2. Place of examination (if a written test), or place of employmen	ent applied for:			
(City and State) 3. Optional subject (if mentioned in examination announceme	ent):		Appor.	
4. Mrs Edith Corrie Muss Faith Corrie (Middle)  5. Gr. 7A. 7742 C.C.D E (R. D. or street and n	(Maiden, if		O. S  Gr  E & E P & D	
(R. D. or street and n  A. P.O. 4-0.7 - U. S. F.  (City or post office, an  6. Date of birth (month, day, 7. Age last birthdograph):		<u> </u>		
9. Legal or voting residence: State New Yor K. N. Y	(Residence	with- Weight:	Allowed—	Material attic
(Town)  Adicate "Yes" or "No" answer by placing X in proper column	Yes No	tate or country)	No" answer by placing <b>X</b> in proper colu	
4. Are you a citizen of the United States?  Unless otherwise instructed, naturalized citizene must submit, long with this application, Naturalization Certificate; other foreignorm, documentary proof of citizenship. Documents will be returned.  5. Have you ever been arrested, or summoned into caurt as a defendant, or indicted, or canvicted, or fined, or imprisoned, or laced on probation, or has any case against you been filled, or have to be a compared to deposit collateral for alleged breach or location of any law or police regulation or ordinance whatsoever?  so, list all cases, without any exception whatsoever, under item 5, page 4, giving in each case (1) the date, (2) your age at the time, in the place where the alleged offense or violation occurred, (4) the ame and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above uestion includes arrests by military or naval outhorities and dispiplinary action imposed by courts martial, se well as in civil cases, appointed, your fingerprints will be taken.	×	If so, give branc  Army. Navy.  (b) Were all dis (c) Have you alt Civil Serv. If so, check kind Veteran.  If you are applying veteran preference in Form 14, together wit  23. Hove you realste If so, give oddre and number o	f local board	s?
(b) Have you ever had a nervous breakdown?  your answer to either (a) or (b) is yes, give full particulars under	×	your classifica	Your order number	val
em 45, page 4.  7. 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 r violence?  If so, give camplete details under Item 45.  8. Have you ever been discharged for misconduct or unsatisfactory sorvice, or forced to resign from any position?  1 so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your dis-	x x	reserve?  If so, give name of organization  (b) Are you now  25. Give number of phusband or w  26. Would you acce  6 months.	on active duty?  v on active duty?  persons completely dependent on you, other the complete of the compl	nan 🗶
harge or forced resignation in each case.  9. Within the past 12 months, have you used intodoating beverages?. If so, specify:		United Sto	occept appointment anywhere offered in otes?	the X
Occasionally Habitually To excess.  1. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, extuding persons in the armed forces?  If so, give name, address, relationship, and branch of service of each such relative under Item 45.	X	Give location acceptable  (o) Would you life, and if you are	accept appointment in Washington, D. C.7 applying for a specific examination, refer to	the
Are you NOW employed by the Faderal Government? WM. Dept. W. A. 7141 C.C.D. Eucom. A. F. O. a) 1150, 407. 415. A. R. M. Y. Munich, Garmany (Telecom. Dept.)	X	(C. S. C. Form 12) te for many kinds of po	est entrance salary you will accept? \$	red
trom 23 Ppril 1945, to QCLO Lex 1947		29. If you are willin to travel specify	considered for positions paying less.  Occasionally. ** FrequentlyContent will you require to report for work?	

Titles of examinations	ny Federal civil serv	Examined in what cities				Month o	and year	Ratings	
ave you <b>passed</b> any State or other civil so	ervice examination (	other than the	above) withi	n the last 5 y	ears? (H so,	give details	under Item 4	5)	Ŷes No
									Yes No
EDUCATION: (a) Circle highest grade con	mpleted, elementary	or high school							Yes No
Name and location of	f school		From—	ttended To-	Day	mpleted Night	Degrees	Date	Semester hours credit
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Oliogo Ol Willtorally									
Other							Studies		
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ist your four chief undergraduate subjects		Semester I	ırs.	List y	our four chie	graduate :	subjects		Semester hrs.
dicate your knowledge of REAL foreign languages.	D SPEAK Fair Exc.   Good Fair	UNDERSTA	air 34. Ar	e <b>you now</b> a	licensed me	mber ol any	trade or pro	fession (suc	Yes <b>N</b> o
			- 11				yer, CPA, etc		
		-							
		-	Ea	rliest license	(year)				
EFERENCES: List five persons, who are no	ot related to you by	blood or man					or have be		responsible for
EFERENCES: List five persons, who are na close direction of your work, or who are in	a position to judge			ose occupation	ons in which	you regard		best qualifi or occupation	
Full name	(Civ	e complete address	ddress , including street	and number)					
						-			
lay inquiry be made of your present emplo	over regarding vour	character, a	ualifications	etc.?		1			
YPEDIENCE: In the space (umlished below	u give a record of s	ware amploy	nent both n	blic and pr	ivate, which	you have he	ad since you	first began	Yes No to work. Star
with your present position and work be tion and, except for employments held les	ack to the first poe s than three manths,	i <b>tion you he</b> i give your du	d account	nationall be	MOOR OF LIDE	mpiovnieni.	Describe y	our neid of	WOLF dud Dos
you used on poy roll if different from that lace Munich Germany	Way Vest.	Exact title	of your posi-	tion Chic	P Cen	SOY	Salary:	Starting,	2603.
From 23 8 pril 1945 to 0	Chobin, 19 47	Teleco	mmur	icah	m.s]	ept.	Per X	Ar Final,	.5187
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Place New York City. N.Y.	Exact title of your position Translator - P.A.Csalary: Starting, \$ 1800
From Sept. (City) 43, To April (State) 45	Supervisor Editorial Unit Per year Final, \$2190. —
	Duties and responsibilities Editing translating and
Name of employer: federal Government	Compiling of classified reports.
242 Seventh A Co.	Teaching and training functions while
New York City, N.Y.	temporatily attached to Training
Dark I Dook	School Indoctrination and
Kind of business or organization: POSFOI YEPP. Editorial Unit.	interviewing of new emoloyees.
	Giving of examinations grading of
Number and class of employees you supervised Appr. 20 Writers.	examination Papers. Starting
Name and title of your Miss Gerda	of entire new soction (Editorial
Mueller	Uhit) within the Office of Censorship.
Englasting Carl McMale	Mashines and equip.
War Pent. oversta.	Work.
Place NEW York City. N.Y.	Exact title of your position Trivate Tutor - Salary: Starting, \$
From OCL (City) 36, To Sept. (State) 43 (Year)	Kindergarten Teacher. Per Final, \$
(Month) (Year) (1 onth) (Year) Name of employer:	Duttes and responsibilities Teaching Of Kindergarten
E.M. Gruenstein	Work and elementary 346 Tects.
Address 910 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. Delice	
Gruenstein	
Reason for leaving Employment With	Machines and equip- ment you used
Depisa De Portamation	
PATICE DA CENSORS NIP	
Place New York City N.Y.	Exact title of your position Kindergarten Salary: Starting, \$
(City) A (State)	Exact title of your position Kindergarten Salary: Starting, \$
(City) _ (State)	Duties and responsibilities Teaching of Kindergarten
From Sept. (City) 5, To Sept. (State) 1936, (Manth) (Year)	Teacher Per Final, \$
From Sept. (City) 5. To Sept. (State) 1936. Name of employer: H. R. Bretter Address 1400 Broadway	Duties and responsibilities Teaching of Kindergarten
From Sept. (City) 5. To Sept. (State) 1936. Name of employer: H. R. Bretter	Duties and responsibilities Teaching of Kindergarten
From Sept. (City) 5. To Sept. (State) 1936. Name of employer: H. R. Bretter Address 1400 Broadway	Duties and responsibilities Teaching of Kindergarten
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From Sept. (City) 5. To Sept. (State) 1936. 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 1 Immediate supervisor Mrs. Lillian	Duties and responsibilities Teaching of Kindergarten
From Sept. 1935. To Sept. (State) 1936. 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	Duties and responsibilities. Teaching of Kindergarten  Work
From Sept. (City)  Month) 1935. To Sept. (State) 1936  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	Duties and responsibilities Teaching of Kindergarten
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From Sept. (City) 5. To Sept. (State) 1936  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 kitle of your timediate supervisor Mrs. Lillian  Bretter  Reason for leaving Financial  Better ment  Place Le Hayre. France	Duties and responsibilities Teaching of Kindergarten  Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$
From Sept. (City)  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 first Lillian  Bretter  Reason for leaving Financial  Better ment  Place Le Hayre. France  (City)  (City)  (Month)  (Month)	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Dockors Assistant. Per Final, \$  Per Final, \$
From Sept. (City) 5. To Sept. (State) 1936  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 kitle of your timediate supervisor Mrs. Lillian  Bretter  Reason for leaving Financial  Better ment  Place Le Hayre. France	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Duties and responsibilities Teach and Salary: Starting, \$  Duties And Salary: Starting Salary: Salar
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From Sept. (City)  Manth  Name of employer:  H. R. Bretter  Address 1400 Broadway  New York City. N. Y  Kind of business or organization:  Private Home  Number and cites of employees you supervised  Name and title of your firs. Lillian  Bretter  Reason for leaving Financial  Better ment  Place Le Hayre. France  From July 1933, To July (State)  Name of employer:  Dr. Andre Parcher on  Address 9 Rue Gambetta  Le Hayre. Spe. In fre.	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Duties and responsibilities Teach and Salary: Starting, \$  Duties And Salary: Starting Salary: Salar
From Sept. 1935. To Sept. (State) 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 Better ment Place Le Havre. France (City) From July 1933. To July (State) Name of employer: Dr. Andre Parcher on Address 9 Rue Gambetta	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Duties and responsibilities Teach in a of German.  Secretary and Assistant to French Doctor also doing
From Sept. 1935. To Sept. 1936. 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 From July (City) Name of employer: Pr. Andre Porcheron Address 9 Rue Gambetta Le Havre. Spe. Infre. Kind of business or organization: Poctors Office Number and class of	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Duties and responsibilities Teach in a of German.  Secretary and Assistant to French Doctor also doing
From Sept. 1935. To Sept. 1936. 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 supervised  Name and title of your immediate supervised  Reason for leaving Financial Better ment Place Le Hayre. France From July 1933. To July 1935 Name of employer: Dr. Andre Forcheron Address 9 Rue Gambetta Le Hayre. Ste. Tnfre.  Kind of business or organization: Doctors Office	Machines and equipment you used  Exact title of your position Teacher and Salary: Starting, \$  Duties and responsibilities Teach in a of German.  Secretary and Assistant to French Doctor also doing
From Sept. 1935. To Sept. (State) 1936. 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 first Lillian Bretter  Reason for leaving Financial Betterment  Place Le Harre. France From July 1933. To July (State) Name of employer:  Dr. Andre Parcheron  Address 9 Rue Gambetta Le Harre. Sub-Tnfre.  Kind of business or organization:  Poctors Office Number and class of employees you supervised	Duties and responsibilities Teaching of Kindergarten  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.
From Sept. 1935. To Sept. 1936. 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 From July (City) Name of employer: Pr. Andre Porcheron Address 9 Rue Gambetta Le Havre. Spe. Infre. Kind of business or organization: Poctors Office Number and class of	Duties and responsibilities Teaching of Kindergarten  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.
From Sept. 1935. To Sept. (State) 1936. 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 first Lillian Bretter  Reason for leaving Financial Betterment  Place Le Harre. France From July 1933. To July (State) Name of employer:  Dr. Andre Parcheron  Address 9 Rue Gambetta Le Harre. Sub-Tnfre.  Kind of business or organization:  Poctors Office Number and class of employees you supervised	Duties and responsibilities Teaching of Kindergarten  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.

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.

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: Teacher.

Teaching of German and of 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
Business & name of employer

Duties & Responsibilities

Place & Date
Business & name of employer

Duties & Responsibilities

county, or municipality? If so, give details under Item 45.	Item   Write in left column numbers of items to which detailed
19. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity	No. answers apply  I Karl Falk
from the U. S. Government under any Retirement Act?	2 Merchingen. Germany.
0. Show name and address of wife's (or husband's) employer (if none, write "None"):	3 German
None	4 January 1942
1. (a) Were any of the following members of your family barn out-	1 Stepmother: Margarethe Fall
side Continental U. S. A.?	Maiden name: Hilb
Von No	2 Esslingen
Wife — Husband Father Mother.  If so, indicate which by marking the appropriate space, and show under item is for each, (1) full name, including motien name of wife or mother, (2) rhiplace; (3) native citizenship; and (4) if U.S. naturalized, date of naturalization.	January 1942
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign	
country?	
If so, for each relative show under Item 45 the (1) name, (2) relationship, ) place of residence, (4) birthplace, (5) present citizenship, and (6) whether anstent or resident.	Reference para graph 41(b)
L. List any special skills not shown in Question 37, such as operation of shortwaye radio, multifith, key-punch, turret-lathe, or scientific or professional	2 Ryather: Pudal P FO IK
devices:	3. Lost vesidence : Revlin
SKILL SKILL	Where a houts un Known
SKILL SKILL	Sinco 1939
Words per minute in typing; stenography	Rolieved to have Devishe
Do you have a license to operate an automobile?	in a concentration come
	Peratod Prom Berlin
state what kind of work you prefer Personne   Organizations of Newspaper, Relief. Radio, etc.	Probably before or
. Give any special qualifications not covered elsewhere in your application,	atter 1939.
ch as (a) your more important publications (do NOT submit capies unless re- lested); (b) your patents or inventions; (c) hobbles, construction of instruments, etc.	
	***************************************
***************************************	
	If more space is required, use a sheet of THIN paper, size 8 x 10½ 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.
To the Ledin Service of an Indian you rough for	le with this application a certificate from the superintendent of the Indian
lf you claim preference for the Indian Service as an Indian, you must ingency where you are registered, or from the Commissioner, Bureau of Indian	n Affairs, showing that you have at least one-fourth Indian blood.
JRAT (OR OATH).—This jurat (or oath) must be executed.	
The following oath must be taken before a notary public, the se	cretary of a United States civil service board of examiners, or other
ficer authorized to administer oaths, before whom the applicant mu	st appear in person. The following are among those not authorized
	rs, post-office inspectors, and chief clerks and assistant chief clerks
the Railway Mail Service.	I required to be submitted for this examination are entirely my

Standard Form No. 57
Approved April 9, 1942
(Revised July 1942)
U. S. CIVIL SERVICE COMMISSION
C. S. C. Dept. Cir. No. 332

O INSTRUCTIONS.—Answere every question clearly and completely. Typewrite or write legibly in BLACK INK.

It assure clear photographic copies for appointing agencies. If you ore opplying for a specific United States
Ciril Service Examination, read the Examination Announcement carefully, follow all directions, and that this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVILSERVICE COMMISSION.

22. (a) Ware you ever in the U. S. militory or naval service?  It so, give branch of service and date of lost discharge:  Army. Novy. Marine. Coast Gourd. Date  Army. Novy. Marine. Coast Gourd. Date  Army. Novy. Marine. Coast Gourd. Date  Army. Novy. Marine.  (b) Were all discharges granted under honerable conditions?  (c) Have you are developed in the count.  (c) Have you are police regulation or ordinance whatever?  Army. Novy. Marine.  (d) Have you are developed in the count.  (e) Have you are police regulation or ordinance whatever?  It so, give harmen or ordinance whatever or and ordinance whatever or and ordinance whatever or and ordinance whatever or ordinance whatever ordinance whate	WASHINGTON, D. C., unless otherwise directed. Notily same of	fice of any		of address.						
Copies a sheet of mentioned in entermination consumencements)  Appearance of the control of the	1. Name of examination, if any; or name of position applied i	or:		AV. This spe	ace tor U. S. Civil Service Comm	nission		To Service	U.S. C	Civil mission
Section subject of methods an incommence of the control of methods and subject of the control of methods and subject of the control of the co	2. Place of examination (if a written test), or place of employe	nent appli	led for:							
Second   Continue		nent):								
Men. Land. A Trile  Significance of the control of						Nonapi				
S. Date of brith (second, but of the control of the	Edith Carrie			FAIK						
S. Date of birth (month), day. J. Ane lost hithfollow.  S. Legal or being readenec:  J. Legal or being readenec:  State N. J. (a) Check one (b) Chack one: Widowed.  J. Mole. Sign. Separated.  J. Mole. Sign. Separated.  J. Where were you bern? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were you could not be under States? (Bound)  J. Where were large to chromehap. Decrement will be statemed to the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the court (B) the nature all the others of the statemed of the stateme	(First name) (Middle)			y) (Last)						
New York   City or post of percent of perc	5 970 Park Ave	number	AP	r. 9 N		P & D_				
6. Date of birth (menth, day, 1945)  1. Legol or forward readence:  3 Jypers  1. Legol or forward readence:  4 Jypers  1. Legol or forward readence:  3 Jypers  1. Legol or forward readence:  4 Jypers  5 January  4 Jypers  5 January  5 June 14 Jypers	New York City					lni				
Site of State of Stat	(City or post of ice,			this applies to					1	1
State N		Jed 8.	la s	27 101L2	Allowed					
State N	i Legal or roung residence:	10. Telep	phone nu	umbers:	Disability.					
1. (a) Check one Widewed Mole Moleral of the cut shoes	NY	Bus	3-176	9 same	Widow. Disallowed.					
Morred. J. Where were you born?  Town  Tow	O 11. (a) Check one: (b) Check one: Widowed.	12. Heig	ght, with							
13. Where were you ben?  14. Where were you ben?  15. State or country  16. "Yes" or "No" onswer by placing X in proper column  16. "Yes" or "No" onswer by placing X in proper column  17. Yes  18. No  22. (a) Vere you ever in the U.S. military or naval service?  18. Army Navy Manne Coest Guard. Date extractions of the control of clustership. Decument with the returned of control of clustership. Decument with the returned of country of the control of clustership. Decument with the returned of control of clustership. One clustership of clustership. One clustership of clustership of clustership of clustership. One clustership of clustership of clustership of clustership. One control of clustership of clus	L Male. V Single. Li Separated.	out s	shoes:							
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the penalty of electron-the. Documents will he returned, we you ever been arrested, or summand into court as a dedunt, or indicted, or convocted, or fined, or imprisoned, or on probation, or has any case against you been lifed, or have on any policy policy regulation or ordinance whatsever?  If you are applying for a specific examination, and with the claim yellow presence with the discusses, without any exception whatsever, under time, set, discussed by court in the date. (2) your age of the time, and all cases, without any exception whatsever, under time, set, discussed by court in the court. (3) the nature of the eligops than the penalty, of other disposition. The above in includes arrests by military or naviol sufficient and disry ordinary policy of the penalty of the court. (3) the nature of the others or violative penalty of the court of the penalty and the court. (3) the nature of the others or violative penalty and physical defect or disability whatsoever?  How you ever had a nervous breakdown?  All you are oplying for a specific examination, and with to claim veleran preference in connection with it, disable. Wile of disabled. Wile of disabled. Wile of disabled. Wile of disabled will will disable a will be violated. S. C. (Preference Form 14, logable with the evidence specified between.)  18 you are oplying for a specific examination, and with the claim veleran preference in connection with it, disable. Wile of disabled. Wile of disabled	tre you a citizen of the United States? Juless otherwise instructed, naturalized citizens must submit, y with this application. Naturalization Certificate; other foreign-			If so, give branch of	I service and date of last dis	scharge:	e:			1
we you ever been greated, or summaned into court as a deduct, or indicided, or convicted, or freed, or imprisoned, or convicted, or freed, or imprisoned, or convicted, or freed, or imprisoned, or er been ordered to deposit collateral for alleged breach or wolder or police regulation or ordinance whatsoever?  It all cases, without any exception whatsoever under them follows the penalty, all only in production of the court, (5) the nature of the oldense or violation control of the penalty all the colleged offices or violation control of the court, (5) the nature of the oldense or violation of the court, (5) the nature of the oldense or violation of the court, (6) the nature of the oldense or violation of the court, (7) the nature of the oldense or violation of the court, (7) the nature of the oldense or violation of the court, (8) the nature of the oldense or violation of the court, (9) the nature of the oldense or violation of the court, (10) the nature of the oldense or violation of the court, (10) the nature of the oldense or violation of the court of the oldense or violation of the court, (10) the nature of the oldense or violation of the court of the oldense or violation of the	documentary proof of citizenship. Documents will be returned			(b) Were all dischar	rges gran!ed under honorab	ble cond	litions?	2		
er been ordered to deposit collateral for calleged breach or not any law or police regulation or ordinance whatsacever?  not can be deposited by the control of the court of t	Have you ever been arrested, or summnned into court as a de- endant, or indicted, or convicted, or fined, or imprisoned, or			II Civil Service (	Commission?					
The penalty, Tarry, Imposed, or deep caspection. The drove marriage managed by courts mortial as well as in civil cases, and unimer of local board.  Have you are physical defect or disability whatsoever?.  Answer to either (a) or (b) is yes, give full particulars under 5, page 4.  The penalty in any physical defect or disability whatsoever?.  As you advocate or have you ever had a nervous breakdown?  answer to either (a) or (b) is yes, give full particulars under 5, page 4.  The penalty in any position?  The penalty in the position of the development of the Fundant of t	ed on probation, or has any case against you been filed, or have		X	vete	eran. veteran.	ve	eteran.	.		
The penalty, Tarry, Imposed, or deep caspection. The drove marriage managed by courts mortial as well as in civil cases, and unimer of local board.  Have you are physical defect or disability whatsoever?.  Answer to either (a) or (b) is yes, give full particulars under 5, page 4.  The penalty in any physical defect or disability whatsoever?.  As you advocate or have you ever had a nervous breakdown?  answer to either (a) or (b) is yes, give full particulars under 5, page 4.  The penalty in any position?  The penalty in the position of the development of the Fundant of t	list all cases, without any exception whatsoever, under Item age 4, giving in each case (1) the date, (2) your age at the time,			veteran preference in cor	nnection with it, attach C.S.	. C. (Prefe	erence	e)		
n includes arrests by military or navol authorities and distraction of the process of the proces	(b) the penalty, it any, imposed, or other disposition. The above			23. Have you registered If so, give address	l under the Selective Service	e Act?				
Have you any physical defect or disability whatsoever?  Have you ever had a nervous breakdown?  answer to either (a) or (b) is yes, give full particulars under 5, page 4.  Your advecte or have you ever advecated, or are you now have you were been a member of any committed that advere everthrow of the Government of the United States by force nee?.  To give complete details under Item 45.  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you ever been discharged for misconduct or unsatisfactory vice, or forced to resign from any position?  We you complete details under Item 45.  We you do we provided the force of the reason for your disconfidence of the force of the reason for your disconfidence of the force of the reason for your disconfidence of the force of the forc	tion includes arrests by military or navol authorities and dis-	. (			cal board					
Have you ever had a nervous breakdown? answer to either (a) or (b) is yes, give full particulars under 5, page 4.  (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization, that advo- nece?  (b) Are you now a aglive duty?  25. Give number of persons completely dependent on you, other than husband or wife.  26. Would you accept short-term appointment?  6 months. 3 months. 1 month.  27. (a) Would you accept appointment anywhere offered in the United States?  Give locations of persons in the armed forces?  6. give number of your family or relatives (either by blood or order relative under flem 45.  27. (a) Would you accept appointment outside the United States?  Give locations acceptable.  28. What is the lowest entrance solary you will accept?  You now are or have over been so employed, give dates:  18. What is the lowest entrance solary you will accept?  28. What is the lowest entrance solary you will accept?  You will not be considered for positions paying less.  29. If you are willing to travel specify.  20. Weather or severe.  21. (a) Are you now a member of any branch of military or naval reserve?  19. Give name 10. Give name 12. (a) Are you now a gettive duty?  25. Give number of persons completely dependent on you, other than husband or wife.  26. Would you accept appointment?  27. (a) Would you accept appointment outside the United States?  Give locations acceptable.  28. What is the lowest entrance solary you will accept?  You will not be considered for positions paying less.  29. If you are willing to travel specify.  20. Would you accept appointment in Washington, D. C.?  If so, and if you are applying for a specific examination, refer to the examination on souncement to see if the Certificate of Residence for many kinds of positions.  29. If you are willing to travel specify.  29. If you are willing to travel specify.  29. If you are will not be considered for positions paying less.  29. If you are willing to travel specify.  29. If you are will you require	pointed, your fingerprints will be taken.  a) Have you any physical defect or disability whatsoever?	-			Your order num	ber				
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(b) Are you now on agrive duty?  (b) Are you now on agrive duty?  (c) Give complete details under item 45.  (d) Give complete details under item 45.  (e) Give complete details under item 45.  (e) Give complete details under item 45.  (f) Give number of persons completely dependent on you, other than husband or wife.  (e) Would you accept appointment?  (f) Would you accept appointment anywhere offered in the United States?  (g) Would you accept appointment outside the United States?  (e) Would you accept appointment outside the United States?  (f) Would you accept appointment in Washington, D. C.?  (f) Would you accept appointment in Washington, D. C.?  (e) Would you accept appointment in Washington, D. C.?  (f) Would you accept appointment in Washington, D. C.?  (f) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (h) Would you accept appointment in Washington, D. C.?  (g) Would you accept appointment in Washington, D. C.?  (h) Would you accept appointment in Washington, D. C.?  (h) Would you accept appointment in Washi	ur answer to either (a) or (b) is yes, give full particulars under 45, page 4.		-	reserve?	and station of m	ar-		-		.1
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continuence of content of the state of the s	lave you ever been discharged for misconduct or unsatisfactory		Y					-		Y
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thin the past 12 months, have you used intoxicating beverages?  o, specify:  Occasionally. Habitually. To excess.  e any members of your family or relatives (either by blood or marriage), employed by the United States Government, expersors in the armed forces?  o, give name, address, relationship, and branch of service of uch relative under ftem 45.  e you NOW employed by the Federal Government?  o, 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.  28. What is the lowest entrance solary you will accept? \$1300.* per. Year (Month)  You now are or have ever been so employed, give dates:  19. If you are willing to travel specify: Occasionally Frequently.  29. If you are willing to travel specify: Occasionally Frequently.  30. How much notice will you require to report for work?	e and address of your employer and the reason for your ais- ge or forced resignation in each case.			United States?	rept appointment anywhere	olfered	l in th	ie -		X
Occasionally. Habitually. To excess.  To any members of your family or relatives (either by blood or marriage), employed by the United States Government, expersons in the armed forces?  To give name, address, relationship, and branch of service of ach relative under ftem 45.  To eyou NOW employed by the Federal Government?  To evous NOW employe	7 thin the past 12 months, have you used intoxicating beverages? so, specify:	P	X	Give leading	S. Carlotte					
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marriage), employed by the United States Government, expersors in the armed forces?.  of give name, address, relationship, and branch of service of ach relative under Item 45.  e you NOW employed by the Federal Government?  (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? \$1800 per./989  You now are or have ever been so employed, give dates:  19. If you are willing to travel specify: Occasionally Frequently.  30. How much notice will you regulte to report for work?	re any members of your family or relatives (either by blood or			Give locations			Jales		-	
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(If so, list them below ) Titles of examinations		Exami	ned in what	cihes		Month o	and year	Ratings
			<b>-</b>					
								4000
b) Have you passed any State or other civil service examination	(other than the	above) withi	n the last S y	ears? (If so	, give details	under Item 4	5)	
a) mave you pussed any state of other same								Yes N
22. EDUCATION (a) Circle highest grade completed, elementar	ry or high school	ol)1 2 3	4 5 6 7	8 9 10	11 12. Did	you gradua	te?	Yes 1
Name and location of school		Dates a	ttended	Years co	mpleted	Degrees	conferred	Semest hours
ivame and tocation of school		From—	To	Day	Night	Title	Date	credi
(b) College or university							-	}
(c) Other Finishing School						Studies		
Kindergarten Semina	r	l	L					1 _
(d) List your four chief undergraduate subjects	Semester	hrs.	List	your lour chi	ef graduate	subjects		Semester
					<u></u>			
33. Indicate your knowledge of READ SPEAK   SPEAK   Speak   Exc   Good  Fair   Exc   Good	UNDERST.		A VOU DAW	licensed me	ember of any	trade or pro	ofession (suc	Yes has
foreign ranguages.	an Bac Good		electrician,	radio operat	or, pilot, law	yer, CPA, et	(c.)?	
German								
Franch	/ /	11			licensed?			
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French		Ga Ea	ve kind of li irliest license ost recent lic	cense and S e (year) cense (year)	tate			
French  35. REFERENCES. List five persons, who are not related to you be close direction of your work, or who are in a position to judge	y blood or mai	Eo Me	ve kind of h	cense and S	tate	ar have be	een mainly i	responsible
close direction of your work, or who are in a position to judg	ge your work c	Ea Morriage, who have the control of	ve kind of li irliest license ost recent lic ive in the Un ose occupati	cense and S	tate	e or have be yoursell as	een mainly i	responsible ed.
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Full name  Mr.B.H. Gruenstein 970. Po  Miss Flora Levy  Miss Hone liese friedam  Mr. H. R. Bretter  Miss K. Schveibstein  36. May inquiry be made of your present employer regarding you	Give complete address  X K K I	Go Eco M.  Triage, who !:  Tri	we kind of his reliest license ost recent license in the Urose occupation and number)	cense and S e (year)  cense (year)  nited States, ions in which	and who are a you regard	e or have be yourself as Business o	pen mainly pest qualification of occupation with the control of th	responsible ed.
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Full name  Mr.B.H. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss K. Schveibstein  36. May inquiry be made of your present employer regarding you with your present poetion and work back to the first put on and, except for employments held less than three month you used on pay roll if different from that given on this approximation.	ur character, constitution your	Gringe, who is the control of the co	we kind of his relies to license occupations and number)  Aph	cense and S e (year)	Rea Soc	Business of Agriculture of Agricultu	pen mainly pest qualification or occupate the second of th	responsible ed. on Yes in to work and
Full name  Full name  Mr.B. H. Gruenstein  Miss Flora Le VY  Miss Flora Le VY  Miss Hone liese Triedam  Mr. H. R. Bretter  Miss K. Schvelisstein  37. EXPERIENCE: In the spoce furnished below give a record of with your present position and work back to the first position and, except for employments held less than three month you used on pay roll if different from that given on this appropriate New York  Place New York	ur character, of every employ osition you he, give your dolication.	Gringe, who is the control of the co	we kind of his rilest license ost recent lice ive in the University of the live in the liv	cense and S e (year)	Rea Soc	Business of August Park Park Park Park Park Park Park Park	pen mainly pest qualification or occupate the second of th	responsible ed. on Yes in to work and
Full name  Full name  Mr.B.M. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Hnne liese friedam  Mr. H. R. Bretter  Miss K. Schvelbstein  37. EXPERIENCE: In the spoce furnished below give a record o with your present poetion and work back to the first promotion and except for employments held less than three month you used on pay roll if different from that given on this appropriate New York  N. Y.	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  (C)  Full name  (C)  Mr.B. M. Gruen Stein  Miss Flora Le VI  Miss Flora Le VI  Miss Flora Le VI  Miss Flora Le VI  Miss Hnne liese Triedam  Mr. H. R. Bretter  Miss K. Schvelbstein  36. May inquiry be made of your present employer regarding you with your present position and work back to the first putton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first position and work back to the first putton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first putton and work back to the first putton and except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first putton and work back to the first putton and except for employments held less than three month you used on pay roll if different from that given on this appropriate for the first putton and work back to the first	ur character, of every employ osition you he, give your dolication.	Gringe, who trincolly in the Address windledmastret  Address windledmastret  Ave -	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  (C)  Full name  (C)  Mr.B. M. Gruen Stein  Miss Flora Levy  Mis	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Full name  Mr.B.H. Gruenstein  Miss Flora Le VN  Miss F	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Mr.B.M. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Flora Levy  Miss Hune liese Friedam  Mr. H. R. Bretter  Miss K. Schveibstein  36. May inquiry be made of your present employer regarding you with your present poetion and work back to the first pring the nand, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first pring of the propriate of the propriate of the first pring of the propriate of the pro	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Mr.B. M. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Anne liese Friedam  Mr. H. R. Bretter  Miss K. Schveinstein  36. May inquiry be made of your present employer regarding you with your present poetion and work back to the first priton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first priton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first priton and work back to the first priton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first priton and work back to the first pri	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Mr.B.H. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Anne liese friedam  Mr. H. R. Bretter  Miss K. Schvelistein  16. May inquiry be made of your present employer regarding you with your present position and work back to the first priton and, except for employments held less than three month you used on pay roll if different from that given on this appropriate to Mey Charles (Month)  Place New York  From October, 1936  (Month)  Name of employer:  Mr. Mrs. B.H. Gruenstein  Address 970 Park Ave - Apt. 9N	ur character, of every employ osition you he, give your dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Full name  Mr.B.H. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Hone liese friedam  Mr. H. R. Bretter  Miss K. Schveibstein  6. May inquiry be made of your present employer regarding you with your present position and work back to the first putton and, except for employments held less than three molly ou used on pay roll if different from that given on this appropriate to the first putton and, except for employments held less than three molly ou used on pay roll if different from that given on this appropriate for the first putton and except for employments held less than three molly on used on pay roll if different from that given on this appropriate.  Place New York  From October, 1936, (Month)  Name of employer:  Mrs Mrs. B.H. Gruenstein  Address 970 Park Ave - Apt. 9N  Kind of business or organization:  Private Home  Number and class of employees you supervised	ur character, of every employ osition you has, give your dolication.  Exact title  Puties an edu u  Quite dolication.  Exact title  United an edu u  Quite dolication.	gualifications  rement, both peld, account uties and responsibility in the control of the contro	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	
Full name  Mr.B.M. Gruenstein  Miss Flora Levy  Miss Flora Levy  Miss Flora Levy  Miss Hune liese friedam  Mr. H. R. Bretter  Miss K. Schveibstein  36. May inquiry be made of your present employer regarding you with your present position and work back to the first promonand, except for employments held less than three month you used on pay roll if different from that given on this appropriate to the first promochopy of the month o	ur character, of every employ osition you has, give your dolication.  Exact title  Puties an edu u  Quite dolication.  Exact title  United an edu u  Quite dolication.	Gringe, who in the college of your positions of the college of your positions.	we kind of his rilest license ost recent license occupations and number)  Appl.   rivate, which	Rea Soc	Business of August Park Park Park Park Park Park Park Park	best qualifications clean	responsible ed. on Yes in to work and	

Place New York N.Y.	Exact title of your posttion Governess-Nurse Salary: Starting, \$45 per Menth
From Sept. (State) 35. To Sept. (State) 36. (Year)	Plus Roards Ladging Per Finol, \$
Nome of employer: Mrs. H. R. Brèller	Duties and responsibilities Nitresing of Ibmonth old Baby
Address 1400 Broadway	July 35 - Sept. 35 Consus House
Yo Bretter & Levine	5. albert 760 Grand Concourse
Kind of business or organization: Private Home	
Number and class of employees you supervised	
Name and litle of your immediate supervisor	
Mirs. H. K. Bretter	Machines and equip-
Reason for leaving tinancial Detterment	ment you used
Ploce Le Havre Trance	Exact title of your position 14107 9 7 0 Salary: Starting, \$
From July (City) 33, To July (State) 19 35.	Doctor's Assistant Pet Final, \$ Duties and responsibilities Tutoring of 2 Bays in
Dr. Angre Porcheron	GETMAN SUPERVISING OF SPERIS
Address 9 Rue Gambetta	assisting at Doctors Office.
Kind of business or organization:	Relatives in Stuttgart,
Dactors Office & Private Hame	Serlin - Gr. & Sister of
employees you supervised	Mother Not heard from since
Name and title of your immediate supervisor	Start of was whereabouts unknown
Emigration tall S.A.	Machines and equip-
Reason for leaving Emigration to U.S.A.	ment you used London Since 1910
Place Berlin (City) GCrmany From July 1930, To (State) 19 (Year) (Month) 19 (Year)	Exact title of your position
From (Month), 19 (Year), To (Month), 19 (Year)	Duties and responsibilities
M. J. Stimberg	Carrival in U.S. 9
Address Q1 Zellen antersts.	( Bull 16 1035
Kind of business or organization:	Southern district auct of 1.4.
Number and class of	1 Suly 17 1941
employees you supervised	1 Perfile Cate no. 4969652
Name and Bile of your immediate supervisor	
Reason for leaving Adventof Hitlerism	Machines and equipment you used
economic collapse	Exact title of your position Solary: Starting, \$
Place (Gity) (State) From 19 , To , 19 ,	Exact title of your position. Solary: Starting, Solary: So
From, 19, To, 19, Name of employer:	Duties and responsibilities
Address	all that relative for im should advisable
	I wellate - organization of Mercy Fronce
Kind of business or organization:	Music - 51 or by assistant in School me
Number and class of employees you supervised	WAR TI
Name and title of your	(Bresse)
immediale supervisor	Muramy 2 m a truly por !. L.
Reason for leaving	Machiner and equipment you used

38. Do you hold any position or office under any State, Territory,	45. Space for detailed answers to other questions:
county, or municipality?  It so, give details under Item 45.  Yes No	Item Write in left column numbers of items to which detailed No. answers apply
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?	41 Rudolf Falk.
40. Show name and address of wife's (or husband's) employer (if none, write "None"):	Berlin - Germany Miltenberg am Main - Germany
41. (a) Were any of the following members of your family born out-	Welnilled Dion China
side Continental U. S. A.?  Yes No  Husband Father Mother.  It so, indicate which by marking the appropriate space, and show under Item	landense at place of functions
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. animed 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.	
<b>42.</b> List any special skills not shown in Question 37, such as operation of shortwave radio, multilith, kev-punch, turret-lathe, or scientific or professional devices:	
SKILL	
SKILL SKILL	
Words per minute in typing; stenography;	
Do you have a license to operate an automobile?	
13. State what kind of work you prefer Research Centrality Transcription of Work you prefer Research Centrality	2
14. 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.	)
•••••••••••••••••••••••••••••••••••••••	
	If more space is required, use a sheet of THIN paper, size 8 x 10½ 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.
JURAT (OR OATH).—This jurat (or oath) must be executed.	
The following oath must be taken befare a notary public, the sec	cretary of a United States civil service board of examiners, or other
afficer authorized to administer caths, before whom the applicant must a administer this oath: Pastmasters (except in Alaska), Army officer	st appear in person. The following are among those not authorized
n the Kailway 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 t and in the composition of the same I have received no assistant	ce except as indicated fully in my explanatory statement.
I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) questions are <u>full</u> and <u>true</u> to the best of my knowledge and beli	that the statements made by me in answer to the faregains
	pplicant).  TH PEN AND INK your name—one given name, initial or initials, and surname)
Subscribed and duly swarn to before me according to law by the a	bove-named applicant this
of, 19, at city	/ [or town] af
county of, and	State [or Territory ar District] of
(Signal)	ature of officer)
U. S. GOVERNMENT PRINTING OFFICE Q-20094-1	(Official title)

Standord Form No. S7 Approved April 9, 1942 (Revised July 1942) U.S. CIVIL SERVICE COMMISSION C. S. C. Dept. Cir. No. 332

### 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 Civit Service Exomination, 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. 1. Name of examination, if any; or name of position applied for: This space for 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. Hr. Edith Carrie (Maiden, if any) (Last) OS , 970 Park Ave Apt. 9N New York 28 N. Y. (City or post office, and State 6. Date of birth (month, day, 7. Age last birthday: 8. Date of this application: Adm'd exam. Dez. 31, 1943 Bu 8-1769 Br. 9-8600 (Residence phone) (Business phone) State New York 11. (a) Check one: (b) Check one: \_\_ Widowed.

12. Height, with Weight: Male. Single. Separated. Let reight, without shoes:

Female. Married. Divorced. 5 ft. in. 145 lb.

13. Where were you born? Miltenberg-on-the-Ugin Germany.

(State or country) \_\_ Material att'd. \_\_ 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 foreignborn, 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 \_\_\_ 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. 23. Have you registered under the Selective Service Act?\_\_\_\_\_\_
If so, give address
and number of lacal board\_\_\_\_\_\_\_ If classified, give your classification\_\_\_ 16. (a) Have you any physical defect or disability whatsoever?... \_\_ 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 (b) Are you now on active duty?\_\_ 25. Give number of persons completely dependent on you, other than If so, give complete details under Item 45. 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. 26. Would you accept short-term appointment?\_\_\_\_\_\_6 months. \_\_\_ 3 months. \_\_\_ 1 month. 19. Within the past 12 months, have you used intoxicating beverages? (b) Would you accept appointment outside the United States?

Give locations Europe (France)

(Rermany-Spain-Italyetc.)

(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. Occasionally. \_\_ Habitually. \_\_ To excess. 20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, ex-cluding persons in the armed forces?. If so, give name, address, relationship, and branch of service of each such relative under Item 45. 21. Are you NOW employed by the Federal Government?

(a) If so, office of Censorship

New York of N. Y

(Lastion) 28. What is the lowest entrance salary you will accept? You will not be considered for positions paying less. (b) If you now are or have ever been so employed, give dotes:

from Sept. 1, 1943, to (Month) 19 (Year) 29. If you are willing to travel specify: \_\_ Occasionally. V. Frequently. \_\_ Constantly 30. How much notice will you require to report for work? I WEEK

Print or type your name here as in Item 4 Edith Co	arri	e tal	IK						
31. (a) Have you ever filed applications for any Federal civil servi	ce examinat	ions ?						Yes No	
Titles of examinations		Exam	ined in what	cities		Month o	and year	Ratings	
Translator for English and German Clerk-Office of Censor- Ship	New	Yor	K C!	Fy		Febr	uary 1943		1
(b) Have you passed any State or other civil service examination (c	other than the	a above) withi	in the last S y	ears? (If so,	, give details	under Item 4	5)	Yes No	
32. EDUCATION: (a) Circle highest grade completed, elementary	or high scho	ol) 1 2 3	4 5 6 7	8 9 10	11 12. Did	you gradua	te? &	Yes No	1
Name and location of school		Dates a	ttended To-	Years co.	mpleted Night	Degrees	Date	Semester hours credit	
(b) College or university College of the Of New York	City	Oct.194	3June10	344 					
(c) Other Wamen's School of Social Sci Kindergarten Semin		1921	1928			Studies E.	conom	y-Psysio	109y
(d) List your four chief undergraduate subjects	Semester	hrs.	List	your four chi	ef graduate s	subjects		Semester hrs.	ele.
33. Indicate your knowledge of READ SPEAK Exc. Good Fair French V V V SPEAK SP	, V	Fair 34. Ar	electrician, i not, have yo live kind of li- arliest license lost recent license	radio operate ou ever been scense and Si e (year) cense (year)	and who are	e or have be	een mainly i	responsible for	
Full name  Mr. B. M. Gruenstein  Mr. H. R. Bretten  Miss Flora Levy  Mrs. A. Korner  Mr. B. S. Loewenstein  12 East	Ave Non dwarper A	Address Including street  A V Ne  I A V C h  I A V E K  TEEL I N	rKCit ewYor icago lewGa	KCity TII. rdens.	Real Dres Soci L. Psy La	700.3011 03	or occupation Ate Brufor Ken		Ker
<ul><li>36. May inquiry be made of your present employer regarding your</li><li>37. EXPERIENCE: In the space furnished below give a record of experience.</li></ul>		mant bath o	ublic and a	rivate, which	you have h	ad since you	ı fırst begar	Yes No	
with your present position and work back to the first position and, except for employments held less than three months, you used an pay roll it different from that given on this applicable.  Place New Ork  From September 19 43 to (Menth)  Name of employeer:  The Office of Censarship  Address 244 Seventh Rye  Kind of business or organization:  Federal Government  Number and title of your timmediate supervised  Name and title of your timmediate supervised  Name and title of your timmediate supervised	Duties an O a.f.  Sik  done  05 Fesso  Machines	ad responsibilities and responsibilities and responsibilities are considered as a supplied as a supp	ition Cle	rk Ih rec y di Y Con y wor in 991 hrire Interr	AVE Ities fider Kinew enew iewed ion	e your quali	Starting, Starti	ar. Give name  2190  5  1 r1  0 r  ES POD:  Hove  1943  hin the  Gradeo	ned
								O-20094-1	

From October, 1936. To September 43. (Year)	Exact title of your position. Kindergartner Salary: Starting, \$ 65, -  Governess Per Montain, \$ 100, -
Name of employer: Mr. 8 Mrs. R. M. Gruens Person (Year)	Duttes and responsibilities Camplete physical and educational Supervision of agirls. Teaching of
Address 970 Park Ave - Apt. 9N	Kindergarten Work and using recreational
Kind of business or organization:	Work All responsibilities relating
Number and class of employees you supervised	Music, Sports etc.
Name and title of your Mrs. B.M. Gruenstein	
Reason for leaving Personal Kish to be associated with the War Effort	Machines and equipment yau used
Place New York N.Y. From Se plember 35 To eptember 1936	Exact title of your position GOVERNESS-NURSE Salary: Starting, \$ 45.
Name of employer: Mr. C. Mr. S. H. R. Bretter	Duties and responsibilities Nursing of Small Baby Boy including Physical Welfare and
Address 1400 Broadway So Bretter & Levine	Organization of Play Activities.
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 loaving Financial Betterment.	Machines and equipment you used
Place Le Havre France From July (City)33, To July (Strin) 1935	Exact title of your position Tutor and Salary: Starting, France 300, -  Doctor's Assistant PerManhfinal, s
From July 1933., To July 1935. Nome of employer: Parcheron	Duties and responsibilities Tutoring of 2 Boys in Germon Supervision of French
Address 9 Rue Gambetta	School Work, Teaching of Sports and Music. Assisting at Voctoris
Kind of pusiness or organization:  Doctor's Office a Private Home Number and class of employees you supervised	Office. Interpreter For German speaking Parients.
Name and title of your immediate supervisor	
Pr. 9 Mrs. H. Forcheron  Reason for leaving Emigration to	Machines and equipment you used
U.S.A.	Exact title of your position Teacher Salary: Starting, Mark 65.
From July 1930, To November 1932	Follows I on a Physical
Dr. J. Steinberg	Welfare and Guidance of a mixed
21 Zehlendorferstrasse	German to foreign born children
Kind of business or organization: Children's Boarding School Number and class of	Supervision of Sports Music. Organization of Recreational
emplayees yau supervised	Activities.
Miss E. Esselsohn	Machines and equip-
Economic Collapse	ment you used
If more space is required, use a Continuation Sheet (Standaress, date of birth, and examination title (if any). Enclose,	indard Form Na. 58) or a sheet of paper, size 8 x 10½ inches. Write on each sheet your name, full unattached, with application.  O-28094-1

### CONTINUATION SHEET

Standard Form No. 58
Approved April 9, 1942
U. S. CIVIL SERVICE COMMISSION
U. S. C. Dept. Cir. No. 332
For Question 37, "Application for Federal Employment," Standard Form No. 57

. Title of examination (if submitted as an application for same) Fill in this form only when necessary for completian of "Record of Previous Employment" question on Standard Form No. 57. Enclose, unattached, with your application. Typewrite, or use BLACK ink and print. USE ONE SIDE ONLY. 2. Date of birth: (Month, day, and year) Edith Carrie Falk, 970 Park Ave, New York. Place Bron X N. Y.
From July 19 35 To September 19 35 (Year) Exact title all your position .... S. Albert Address 7.60 Grand Concourse

Bronx N. Y.

Kind of business
or organization: Visiting with Cousin at time of arrival in New York. Number and class of employees you supervised Name and title of your immediate supervisor Place [1] [Ten berg Germany
From Nov. 1932. To Luly (State) 1933
(Vest) (Vest) Germany Exact title of your position. Name of employer

Karl Falk

Address 317 Hauptstrasse

Miltenberg-on-the-Main

Kind of business
or organization: Staying at Parents Home Number and class of employees yau supervised Name and title of yaur immediate supervisor Nome al employer: Duties and responsibilities Address \_\_\_\_\_ Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisar Machines and equip-ment you used Exact title of your position Name of employer: Address \_\_\_\_\_ Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor Machines and equip-

38. Do you hold any position or office under any State, Territory,	<b>45.</b> Sp.	ace for detailed answers to other guestions:
county, or municipality?  If so, give details under Item 45.  Yes No.	Item No.	Write in left column numbers of items to which detailed answers apply
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?	38.	Tam employed at the
40. Show name and address of wile's (or husband's) employer (if none, write "None"):	te	Federal Government.
	_	
41. (a) Were any of the following members of your family born out-		
side Continental U. S. A.? Yes No.	0	
If so, indicate which by marking the appropriate space, and show under Ite 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	2)	Berlin- Germany
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign		Miltenberg am Main-Germany
country? Brother- unele-Hunt X.		Race excluded from German
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.	p	Citizenshie.
42. List any special skills not shown in Question 37, such as operation of shor wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:	-tal	with Infantile Paralysis
SKILLSKILL		where abouts unknown
SKILLSKILL		denosted
Words per minute in typing 3.9, stenogrophy Grmar	7 47	Uncle: Hugo Hirsch
Do you have a license to operate an automobile?	a	Living in Landon Since 1910
3. State what kind of work you prefer Relie Pa Rehabilitati	on	England
tropaganda-Kesearch, Kadio, Newspaper	े या	Brother & Sielan almy
4. Give any special qualifications not covered elsewhere in your application uch os (a) your more important publications (do NOT submit copies unless re	e-	Stepmother living in
ruesled); (b) your patents or inventions; (c) hobbies, construction of instruments, etc	c	Stuttgart and Berlin-German
	·- 	Where abouts un Known
		since 1939
	· <b>.</b>	
	· •	
	If m	ore space is required, use a sheet of THIN paper, size 8 x 10½ inches. On each sheet your name, full address, date of birth, and examination title
	(if any	). Use one side only. Enclose, unattached, with application.
ff you claim preference for the Indian Service as an Indian, you m gency where you are registered, or from the Commissioner, Bureau of I	Indian Affairs,	ais application a certificate from the superintendent of the Indian showing that you have at least one-fourth Indian blood.
URAT (OR OATH).—This jurat (or oath) must be executed  The following oath must be taken before a notary public the		of a United States civil service board of examiners, or other
tticer authorized to administer aaths, betare whom the applican	it must appea	ir in person. The following are among those not authorized
administer this aath: Postmasters (except in Alaska), Army o	olficers, post-	office inspectors, and chief clerks and assistant chief clerks
n the Railway Mail Service.  The composition and work in connection with any ma	terial requir	ed to be submitted for this examination are entirely my
wn, except where I have given full credit far quoted matte	r or the call	aboration of others by quotation marks and references.
ind in the composition of the same I have received no assi	istance excer	ot as indicated fully in my explanatory statement.
uestions are <u>full</u> and <u>true</u> to the best of my knowledge and	d belief, SO	he statements made by me in answer to the faregoing HELP ME GOD.
If female, prefix "Miss" or "Mrs.," and it married use your own given name, as "Mrs. Mary L, Doe,"  (Signatu	re of applican	t)
(Si	gn WITH PEN A	ND INK your name—one given name, initial or initials, and surname)
Subscribed and duly sworn to befare me according to law by	the above-no	amed applicant this
, 19,	at city [or tov	yn] of
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		officer)
U. S. GOVERNMENT PRINTING OFFICE Q-29004-1	(Officia	l title)

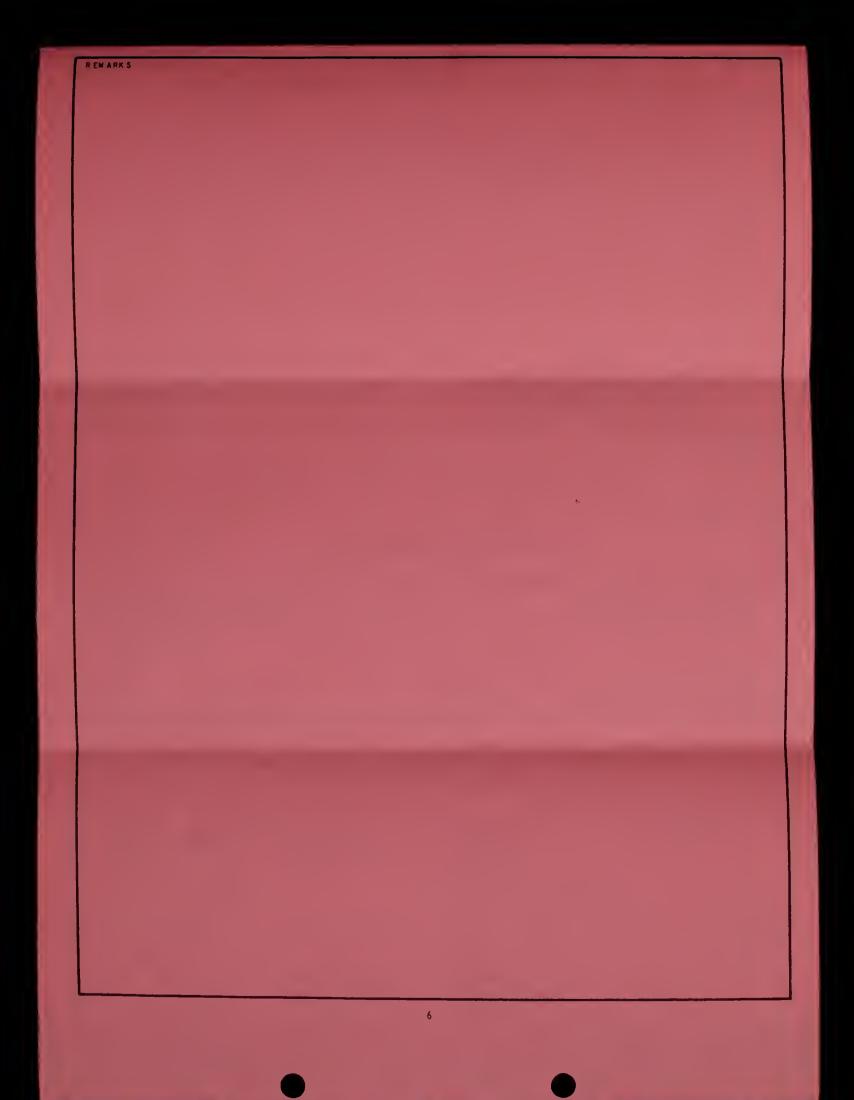
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Read the certificate at the e All questions and statements m for your protection since in s same or similar names may be di and execute in duplicate and r	ust be completed. If prope ubsequent investigations wh sclosed and background info	r answer is "No" or ich may be conducte rmation is needed fo	"None", d, deroga orclear i	so state. I story informa identification	Detail i ation on on. Fil	s requested persons of lout, sign
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Falk Edith		None				
3. PRESENT RANK (or rank prior from active duty) U.S.Ci	to separation or relief	4. ARM OR SERVICE		5. SERIAL NUI		
6. DRAFT-BOARD NUMBER 7. 0		War Dep	<i>F.</i>	441	040	
				THE PUBLICATION	10. 10.511.0	
B. PRESENT MILITARY ASSIGNMENT					NG AGENO	1
. LAST CIVILIAN ADDRESS BEFOR	EUCOM. A.P.O.4	10. PRESENT RESIDE	NCE ADDRI	ESS (Strant	and Numb	er, City,
(Street and Number, City, Co		and State)				
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11. RACE 12. HEIGHT	13. WEIGHT	14. COLOR OF EYES	15. COLO	R OF HAIR	16. COM	PLEXION
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American		NATURALIZATION ZED AND COURT OF JU		ROUGH PARENT		
19. IF NATURALIZED, GIVE NATURAL CERTIFICATE NO NO. Kn	0 lo/ 22 m   14					
TOPERS IN NEW YORK	J.S., IF BORN OUTSIDE U.S.	and its territories	ic F Cou	irh July	<u> 1940</u>	11941
July 1935 - New ,						
23. DATE OF BIRTH	24. PLACE OF BIRTH	(City, County, Sta	ta and Co	ountry)		
5 July 1911	Miltenber	rg - Germa	ny.			
25. DO YOU HAVE A BIRTH CERTIF					, •	. 70
YES NO	YES L	NO Place	of bi	rth 3 Wa	shin	gton y.c.
28. SCARS OR DISTINGUISHING MAI	KW 2					•
-	CATION (List Grammer Sch	ools. High Schools	a. and C	ollesea)		
	CATTON (SIST OF ASSAULT SEE					GRADUATED
SCHOOL ATTENDED	LOCATION	TYF	3 E	DATES OF ATT	ENDANCE	OR DEGREE CONFERRED
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High School	"			1921-19		
Milanthropin	Frankfurt			1927-19		
Kindergarten Seminar	,,,			1928-19		
lity College Evening Exten	Sion Courses   New-	York "	College.	ONT: 1943-JE	ine 194	4
O. SPECIAL EDUCATIONAL HONORS,	SCHOLARSHIPS, ETC. ATTAIN	EO				
1. MEMBERSHIP IN SCHOOL SOCIE	TIES. FRATERNITIES. OR CLUB	S (List all)				
32. LIST ALL ORGANIZATIONS, SO		IONS, PAST OR PRESE	NT, IN W	HICH YOU HAV	E HELD M	EMBERSHIP
(Other than shown in Itam.	A = A + A + A + A + A + A + A + A + A +	OOLL OL		My Yard	K C:	LVNV
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Committee To	Hid France (?)	was after	ward.	5 Incor	pora	.red
into "Freedom	House," - New Y	ork City. N	<i>Y</i> .			
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France Foreve	r, Fifth Ave,	New York	Cify	. N· Y.		

3.			ENCE FROM BIRTH		
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28	1924	M.		Franklurke	<u> </u>
29	1930		e 3 Hauptstrasses		
730	1932	Zehlen dorf	ershasse 21	Berlin	N
32	1933	Wangt Straft	erstrasse 21 3	Millenberg	
33	14 3 3	Rue Gam		Le Havre	France
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36	1945		910 Park Ave	P 0 11	( )
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	19 Sept. 194	-7		Edith C.	15/10		
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Standard	Form No. 57
Approved	April 9, 1942 July 1942) IL SERVICE COMMISSION
Royland	uly 1942)
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## APPLICATION FOR FEDERAL EMPLOYMENT

O. S. C. Dept. Cir. No. 332

INSTRUCTIONS.—Answer every question dearly and completely. Typewrite or write legibly in BLACK INK.

To saver clear photographic-copies for appointing agencies. If you are applying for a specific United States

Clott Service Examination, read the Examination Announcement carefully, followed directions, and mail this application to the office oamed therein; if not, mail with on explanatory letter to the U.S. CIVIL SERVICE COMMISSION, WASHINGTON, D.C., unless otherwise directed. Notify same office of any change of address.

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C cation to t	plee Examination, resd the Examination Announcement the office named therein; if not, mail with an explanatory GTON, D. C., unless otherwise directed. Notify same of	letter t	to the U.S.C	IVIL SERVICE COMMISS	ION.		
1. Nom	e of examination, if any; or name of position applied f	ior:			100 for U 8 Civil Burvice Co		Te U.S. Civil
2. Place	of examination (if a written test), or place of employs	nent op	_	***************************************			
Ŏ	(City and State) onal subject (if mentioned in examination announces						
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S	Gr. "A" 7742 C.C.D EU	COM.	ae)			P & D	
munissi	A P O 'LOZ II S (DIO)					Ini	
This space for U. S. Civil Bervice Commission SEL NO.	(City or post office, 6. Date of birth (month, day, 7. Age last birth			this application:			
Mercy .	5 July 1911 36				Preference: Allowed—		
200	9. Legal or voting residence:	10. T	elephone nu	wester 1947	Veteran. Disability. Wife.		
or U.	State New York.	Mil	: 2321	/2322/Ext.68	Widow. Disallowed.		
86 · Õ	, 11. (a) Check one: (b) Check one: Widowed.	12. H	eight, with	- Weight:	Closed.	, -	
Ihls o	X Female. Married. Diverced.		out shoes:	n150.1b.			. Material sitt'd.  . Material filed.
	13. Where were you born? Miltenberg - (Town)	erm	any		Indian.	Material ret.	
Indicate "Yes	" or "No" answer by placing X in proper column			Indicate "Yes" or "No"	answer by placing X	in proper column	Yes No
14. Are you o	citizen of the United States?	x		22. (a) Were you ever i	n the U.S. military or no	aval service?	x
along with this	citizen of the United States? nerwise instructed, naturalized citizene must submit, application, Naturalization Certificate; other foreign- ntary proof of citizenship. Documents will be returned			It so, give branch of Army Navy	service and date of las	t discharge.	
15. Have you fendant, or placed on prolyou ever beer violation of action of a control of the place of the pla	ever been arrested, or summoned into court as a de- or indicted, or convicted, or fined, or imprisoned, or action, or has any cose against you been filed, or have a ordered to deposit collateral for alleged breach or y law or police regulation or ordinance whatsoever? cases, without any exception whatsoever, under Item ving in each case (1) the dote, (2) your age at the time, where the alleged offense or violation occurred, (4) the ation of the court, (5) the nature of the offense or viola- nalty, if any, imposed, or other disposition. The above		х	(c) Have you alread Civil Service (Civil Service (If so, check kind of particle) (Civil Service) (Civil Servic	nnection with it, offach C se evidence specified the	orelevence with the widew of veteran, and wish to claim. S. C. (Preference) trein.	
	on imposed by courts martiol, as well as in civil cases, rour ingerprints will be taken.  you any physical defect or disability whatsoever?	-i	x	If classified, give	Your order n	umber	
If your answe	you ever had a nervous breakdown?			24. (a) Are you now a r	member of any branch o	f military or naval	
Item 45, page	dvocate or have you ever advocated, or are you now	_		If so, give name of organization			
or have y	ou ever been a member of any organization that advo- throw of the Government of the United States by force			(b) Are you now on 25. Give number of person	octive duty?		
If so, give	complete details under Item 45.	-		ł			
service, o Il so, state (un	ever been dischorged for misconduct or unsatisfactory r forced to resign from any position? der Item 45) when and where employed and give the	-	x	26. Would you accept a	hort-term appointment?3 months	**********	-x
	idress of your employer and the reason for your dis- ced resignation in each case.	-		27. (a) Would you acc		ere offered in the	· <b>*</b>
19. Within the	part 12 months, have you used intoxicating beverages'	?.	x				
Occas	donally Habitually To excess.			(b) Would you acce	pt appointment outside t	the United States?	-x
cluding person	nembers of your family or relatives (either by blood or 1981, employed by the United States Government, ex- na in the armed forces?————————————————————————————————————		ж	acceptable			
each such rel	ntive under item 45.  IOW employed by the Federal Government?  "A" 7742 CCUEUCOM.  "Output (Burow)	_!			nent to see if the Certif e submitted. Proof of re	icate of Residence	-x
APO. 407				for many kinds of position  28. What is the lawest e	ntrance salary you will c		per
	(Location) we are or have ever been so employed, give dates:			You will not be cons 29. If you ore willing	idered for positions pays	i	
trock" P.	April 1945, aNovember 1947.			to travel epecity: .	Occasionally. Freq	or work?	

<ol> <li>(a) Have you ever filed applications for any Federal c (It so, list them below.)</li> </ol>	ivit service examinal	SOUB L					Yes No
Titles of examinations			what cities		Month a	nd year	Ratings
Eranslator for English & Germ	an New Yo	rk City. N	.Y.		Feb.1	943 Q	nalified
(b) Have you passed any State or other civil service exam	nation (other than the	above) within the	ast Syears? (It	so, give details t	ander Item 49	5)	Yes No
32. EDUCATION: (a) Circle highest grade completed, ele-	nentary or high scho	ol; 1 2 3 4 S	6 7 8 9 10	11 12. Did	you graduate	e?	Yes No
Name and location of school		Prom- T	H Years of Day	completed Night	Degrees of Title	Date	Semester hours credit
(b) College or university City College, New	York.N.Y.	Oct.43Ju	1844				
(c) One Homens School of Social School Kindergarten Seminar	ences	1927 19:	_				ial,Ecor
(d) List your four chief undergraduate subjects	Semester	11	List your four c			10827	Semester hra.
<u>:</u>							
J. Indicate your knowledge of	PEAK UNDERST	AND ZA Ass you	now a licensed r	nember of any	trade or profe	assion (suc	Yes No
loteign totigadges.	3661 FAIT EAG. GOOD	electr	cian, radio oper	itor, pilot, lawy	er, CPA, etc	.)	
French x	XX-		ve you ever bee d of license and				
		Earliest	icense (year)				
35. REFERENCES: List five persons, who are not related to	you by blood or man	rioge who live in	ent license (year the United State	and who are	or have bee	n mainly	responsible for
close direction of your work, or who are not related to  Full name	o judge your work c	Address	eupations in whi	n you regard	Business o		
	D. Essling	en. German		Chief.	Telec	om. S	ection
Mr. H. Pulvermacher HC. CC	D. Essling	en, Germar					Section
Mr. Bela Zempleny Gr. "A" Mr. D. Lassman Gr. "A"	7742 CCD.	.PO, <u>407 US</u>	ARMY				ept.
Mr. W. Kaldauke Gr. "A"	7742 CCD. A	PO LO7 US	ARMY		Main-		on
6. May inquiry be made of your present employer regards	ng your character, c	qualifications, etc.					YES N
7. EXPERIENCE: In the space furnished below give a rec with your present position and work back to the tion and, except for employments held less than three you used on pay roll if different from that given on the	months, give your d	ment, both public old, accounting fo uties and responsi	and private, whi all periods of u ilities in such de	ch you have ho nemployment. tail as to make	d since you Describe y your quality	first bega our field o cations cle	n to work. Sto
Munich, Germany. (War Dep	t.) Exact title	of your position	hief Cen	sor,	Salary:	Starting,	s-2603
From Month (Year) to (Month)	(Year)	om, Dept.	onfident	ial & se	Per ye	ork,P	ersonne
Gr."A" 7742 CCD. EUCOM.	Manag	ement.Li ai	son with	various	s depts	s.,use	r agenc
Address APO 407 US. ARMY, Munich, Germany.	field	teams.spe	cial ass	ignment	units.	writi	ng,eart Issuing
-	bullet	iling of i	ecurrent	necifie	d_subje	ects.F	reparat
Kind of business or organization: Telecommunications Dept.  Number and class of Reviewers, Re	& del	ivery of	ectures.	Servin	g-in-a	stafi	capaci
	l Rec advi	sing news	mployees	in key	admin	Lstrat	ti-ve-&
Name and title of your Mr. Bela Zemplen	Instr. oper Machine ment y	ating support of the second se	rvisory.	positio	ns-of	ineet	ves
Chief, Telecom, Dept.	Ascer	taining t	aining-r	eeds-&a	rrangi	ng-for	r-such
	train	ing to be	giveh. K	eeping	of info		
	refer	ence & li	orary mat	erial	tc		
			J				

lace New York, N. Y.	Exact title of your position Translator., Salary: Starting, \$ 1800,
From Septer (City) 3 To April (State) 45.	Supervisor, Editorial Unit Peryearfinal, \$21,90.
Fron Sept. 1943 To April 1945 ome of employer Federal Govt.	Duties and responsibilities . Confidential & secret work Translating ,
Office of Gensorship	editing & compiling of intelligence reports.
ddress 242 Seventh Ave	Teaching & training functions while temporarily
New York City. N.Y.	attached to Training School. Interviewing and
and of business or organization: Postal Dept.	indoctrination of new Federal employees. Giving of-
Editorial Unit	examinations, grading of examination papers.
umber and class of employees you supervised appr. 25, writers	Starting entire new section within the Office of
nd supervisors.	Censorship (Editorial Unit)
and supervisors.  Tome and title of your Mrs. Elsa Hunter	
Chief, Editorial Unit	
Reason for leaving Employment with Wer	Machines and equipment you used
ent. overseas (Transfer)	
New York. N.Y.	Exoct title of your position Private Tutor, Solary: Starting, \$
Oct. (Chy36 - Sept. (Ship.//3)	Kindergarten Teacher. Per Final \$
(Month) (Year) (Month) (Year)	Dulles and responsibilities Teaching of Kindergarten Work and
Name of employer: .M.Gruenstein	elementary subjects.
Address 970 Park Ave	
New York. N.Y.	
NOW TOLK, NATA	
(ind of business or organization:	
Private Home	
lumber and class of employees you supervised	
ome and title of your immediate supervisor	4-10-10-10-10-10-10-10-10-10-10-10-10-10-
rs. Delia Gruenstein	
eason for leaving mplayment with Office	Machines and equip- ment you used
f Censorship.	ment you does to the total and
PacNew York. N.Y.	Exact title of your positioKindergarten_Teachersolory: Starting, \$
(City) (State)	Per Final \$
From Sept., 1935, Tept., 1936.	
Nome of employer:	Duties and responsibilities Teaching-of-Kindergarten-work.
H.R.Bretter	}
Address 1400 Broadway	
ew York City. N.Y.	
Cind of business or organization:	
Private Home	
Number and class of employees you supervised	
Name and title of your immediate supervisor	
MrsLillian Bretter.	
	Machines and equipment you used
eason for leaving Financial-Betterment	
Le Havre. France	Exact title of your position Teacher Doctors Salary: Starting, \$
(State)	Assistant/Secretary Per Final, \$Final, \$
From ULLY 1933 To ULY 1935 (Year)	Per rindi, \$
lame of employer:	Duties and responsibilities
Dr. Andre Porcheron	Teaching of German. Assistant &secretary to French
ddress 21 Rue Des Brindes	Doctor, also doing interpreting for German speaking-
Le Havre, France.	patients.
Cind of business or organization:	
Number and class of	
Kind of business or organization:  Doctors Office.  Number and closs of employees you supervised	
Number and closs of employees you supervised	
Number and closs of	
Number and closs of employees you supervised	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 10½ inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

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 & elementar; subjects.

Place & Date: New York. N.Y. From: July 1935 To: Sept. 1935 Business & Name of employer: S.H. Albert 760 Grand Conccurse 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 ony State. Territory,	45. Space for detailed answers to other questions.
county, or municipality?  If so, give details under Item 45.  Yes No	No. Write in left column numbers of items to which detailed answers apply
89. 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?  If so, give details under Item 45.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
from the U. S. Government under any Retirement Act?  If so, give details under Item 45.  Yes No	1 Karl Falk 2 Merchingen, Germany
5. Show name and oddress of wife's (or husband's) employer (if name, write "None");	3 German
	4 January 1942
None	
f. (a) Were any of the following members of your family born out-	
side Continental U. S. A.?	-1 Stepmother: Margarethe Falk
Wife Husband Father X_ Mother.	Maidenname: Hilb
If so, indicate which by marking the appropriate space, and show under item 5 for each, (1) full name, including maden nome of wife or mother; (2) irthplace; (3) native citizenship; and (4) if U.S. naturalized, dote of naturalization.	2 Esslingen, Germany
	-3-German
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign	-4-January-1942
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	
onstent or resident.	
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:	
SKILLSKILL	
SKILL SKILL	
Words per minute in typing; stenography	
Do you have a license to operate an automobile? Yos No	
Personnel, Organizationa 3. State what kind of work you prefer	1,
3. State what kind of work you prefer	
<ol> <li>Give any special qualifications not covered elsewhere in your application, ich as (a) your more important publications (do NOT submit copies unless re- uested);</li> <li>(b) your patents or inventions;</li> <li>(c) hobbies, construction of instruments, etc.</li> </ol>	
4	
A - I	
<u> </u>	If more space ts required, use a sheet of THIN paper, size 8 x 10½ Write on each sheet your name, full address, date of birth, and examinate (if any). Use one side only. Enclose, unattached, with application.
If you claim preference for the Indian Service as an Indian, you must f gency where you are registered, or from the Commissioner, Bureau of India	

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 <u>not</u> authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks to 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."

(Signoture of applicant) Miss Park C. Falls.
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

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 Yor K.
From: July 1935 To: Sept.1935
Business & name of employer:

S. H. Albert

760 Gr. Concourse

New Yor K. 51. N. Y.

Duties & Responsibilities: Visiting With Cousin at time of arrivalin 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

Duties & Responsibilities:

Business & name of employer

Place & Date

Luties & Responsibilities:

usiness & name of employer

Standard Form No. S7
Approved April 9, 1942
(Evised July 1942)
(Evised July 1942)
(C. S. C. DL SERVICE COMMISSION
(C. S. C. Dept. Cir. No. 332

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

Class Serving Examination, read the Examination Announcement carefully, follow all directions, and mail this appli-

N	ples Examination, read the Examination Announcement of the office samed therein; if not, mail with an explanatory le GTON, D. C., unless otherwise directed. Notify same office	tter to the	e U. S. C.	IVILSERVICE COMMISSI	ppli- iON,	•
1. Nome	of examination, if any, or name of position applied for		- 1	The state of the s	ce for U. S. Civil Service Commission	To U.S. Civit Service Commission
. 1	e of examination (if d written test), or place of employme	at applie	d foe:			
3. Optio	(City and State) anal subject (il mentioned in examination announceme		-		Appor	por.
	4 Mr. Edith Carrie			FALK	O. S	
	4 Mr. Edith Carrie	(Maide	n, if any	) (Lašt)	Gr	
	Gr."A" 7742 C.C.D EUC	OM.			E & E.	
50 M	(R. D. or street and r	number)			P & D_ Int	
mm	400-107U-C-ADW				<i></i>	
space for U. S. Civil Bervice Commission .NO.	APO-407 - U.S. All W post office, ar	ovel 8-1	Date of 1	his application:		
Beev	year):				Allowed—	exam.
C.S.	5 July 1911 36 9. Legal or voting residence:   1	O. Telepi	NO VO	mber 1947	Veteran. Appro	ved by
. s.	State New York. M	11:23	21/2	322/Ext: 68	Widow.	date
For ,	11 (-) Check one: (b) Check one: Widowed.			322/Ext: 68	Closed.	Reg.
QN.	Male. X Single. Separated.	2. Heigh out sl	it, with hoes:	- Weight:		Material att'd.
This	X_ Female Married Divorced.			150_ Bi.		Material lifed
	13. Where were you born Wiltenberg-Ge.	rmany	(State	or country)	Indian Mate	erial ret.
Indicate "Yes	" or "No" answer by placing X in proper column	Yes	No	Indicate "Yes" or "No"	onswer by placing X in proper	column Yes No
Unless of	citizen of the United States?	х		I so, give firench of	n the U.S. military or naval service service and date of last discharge Manne Coast Guard Date	
is. Have you fendont, colaced on prolyou ever beer violation of an fisc, list all c	ever been arrested, or summoned into court as a de- or indicted, or convicted, or fined, or imprisoned, or batton, or has any case against you been filed, or have a vadered to deposit collateral for alleged breach or y law or police regulation or ordinance whatsoever? cases, without any exception whatsoever under Item ying in each case (I) the date, (2) your age at the time,		x	(c) Have you alread Civil Service ( It so, check kind of p	rges granted under honorable cond yes halished military preference Commission? preference a slow obled Wite of disabled Witeran. veteran. weteran. a specific examination, and wish to inection with it, attach C.S. C. (Preference specified therein	Vidow of eleran.
name and location, (6) the per question inclu- tiplingry action	where the alleged offense or violation occurred, (4) the ation of the court, (5) the nature of the offense or violation of the court, (5) the nature of the offense or violanalty, if any, imposed, or other disposition. The above idea arrests by military or naval authorities and disna imposed by courts martial, as well as in civil cases, your tingerprints will be taken.		x	If so, give address and number of loc	under the Selective Service Act?	
	you any physical delect or disability whatsoever?		x	your clossification	Your order number	
(b) Have If your answe Item 45, page	you ever had a nervous breakdown?r to either (a) or (b) is yes, give full particulars under 4.			reserve? If so, give name	nember of any branch of military o	r noval
or have recates the over	dvoca a or have you ever advocated, or are you now ou ever been a member of any arganization that,advo- throw of the Government of the United States by force		x		active duty?	
or violence?	complete details under Item 45.					
sorvice, o	ever been discharged for misoanduct or unsatisfactory in farced to resign from any position?  der Item 45) when and where employed and give the ddress of your employer and the reason for your dis-		X	6 months x.	hort-term appointment?	
charge or for	ced resignation in each case.  past 12 months, have you used intoxicating beveruges?.		х	Give location	ept appointment anywhere oliered	
	sionally Habitually To exoces.			(b) Would you acce Give locations	pt appointment outside the United	States?
aluding perso	members of your family or relatives (either by blood or age), employed by the United States Government, ex- me in the armed lorces?————————————————————————————————————		x	acceptable		
each such rel	NOW employed by the Federal Government?  Lecom. Dept.Gr, A 7742 CCD.	x		If so, and if you are app examination announced (C. S. C. Form 12) is to b	ept appointment in Woshington, D slying for a specific examination, re- mant to see it the Certificate of Re- se submitted. Proof of residence is a	fer to the
(a) A PO. 4	O7- US; AHMY. Munich, Germany.			in many kinds of position 28. What is the lowest e	ons. Intrance salary you will accept? \$. Interest for positions paying less.	
(b) If you or	3April 45 November 1947			20. 14	Occostonally, X. Frequently.	Constantly.
	(Month) (Yesr) (Month) (Yesr)	1			ill you require to report for work?	

(If so, list them below.)  Titles of examinations			Exam	nined in what	cities		Month	and year	Yee No Ratinge
			York C	ity. N.	Υ.			1943 9	ualified
6	•								*************
(b) Have you passed any State or other civil	service examination (	(other than the	above) with	in the last 5 ye	ears? (lfso,	give details	under Item	45)	Yes No
32. EDUCATION: (a) Circle highest grade of	completed, elementary	or high school	<u>ol·</u> 1 2 3	4 5 6 7	8 9 10 1	1 12. Did	you gradua	te?	Yes No
Name and location of school			Dates attended Years complete From— To Day Na			mpleted Night	Degrees Title	Semester hours credit	
(b) College or university.City.Colle	ge, New Yor	k.N.Y.	Oct.43	June44		x			
								-	
e) Other Womens School of S Kindergarten Seminar	ocial Scien	ces	1927 1928	1928 1929	x		Studies Co		ial, Eco etc:
d) List your four chief undergraduate subjec	ts	Semester	hrs.	List y	our four chie	f graduate	subjects		Semester hrs.
foreign languages.  German X	AD SPEAK    SPEAK	ir Exc. Good	Fair 34. A	re you <b>now</b> a electrician, re not, have <b>y</b> ou	adio operato	or, pilot, law	yer, CPA, et	(c.)?	
German x French x	x X	X X	G Ec	electrician, re not, have you live kind of lice arliest license fost recent lice	adio operato  ever been l  ense and St  (year)  ense (year)	icensed?	yer, CPA, et	een mainly	responsible for
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German X French X  S. REFERENCES: List five persons, who are close direction of your work, or who are Full name  R.D. Hayton H. Pulvermacher ela Zempleny Lassman Kaldauke 6. May inquiry be made of your present emplement of the property of	not related to you by in a position to judge  HQ, CCD, H HQ, CCD, E Gr. "A"7742 Gr. "A"7742 Gr. "A"7742 Gr. "A"7742  clover regarding your ow give a record of back to the first poess than three months at given on this appli	blood or man your work or ye complete addres Csslinge Css	Fair 34. And a street of the s	electrician, renot, have you have kind of lice arliest license fost recent lice live in the Uniose occupation and number)  rmany  7 USARM  7 USARM  7 USARM  7 USARM  7 USARM  6 USARM  7 USARM	adio operatorale a ever been la	and who are you regard  Chief t. Chief Chi	e or have be yourself as Business Tele ef, Tele , Tele , Main I.&R  ad since yo Describe e your quali Salary Perys et wor	een mainly best qualifor occupate com Se lecom. Dept stations of the control of t	responsible for ied.  ction  ction  Section  ept.  on  in to work. Stoof work and power. Give non  2603  5187  sonnel  user-age riting.e
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New York. N.Y.	Exact title of your position Translator, Supervisor Starting, \$1800
From Sept. 13 To April (State) 45	Editorial Unit. Peyear Final, street 2190
Most Pederal Govt. (Mosth) Name of employer Office Of Censorship	Duties and responsibilities Confidential and secret work.
	Translating, editing and compiling of intelligence reports
242 Seventh Ave	Teaching and training functions while temporarily
New York City. N.Y.	attached to Training School. Interviewing and indoctrinat-
Kind of business or organization: Postal Dept.	ion of new Federal employees. Giving of examinations,
Editorial Unit	grading of examination papers. Starting entire new
Number and class of employees you supervised ppr. 25, writers	section (Editorial Unit) within the Office Of Censorship.
and supervisors.	
Name and title of your Mrs. Elsa Hunter, immediate supervisor	
Chief, Editorial Unit	Machines and equip-
Reason for leaving Employment with War	ment you used
Dept. overseas.	
Place New York. N.Y.	Exact title of your position Private Tutor, Salary: Starting, \$
From Oct. (City) 36. To Septe (State) 1943 (Month) (Year) (Month) (Year)	Kindergarten Teacher. Per Final, s.
Name of employer:	Duties and responsibilities Teaching of Kindergarten work and elemen-
B.M. Gruenstein	_tary_subjects.
Address 970 Park Ave	
New York, N.Y.	,
Kind of business or organization:	
Private Home. Number and class of employees you supervised	
employees you supervised	
Name and title of your Immediate supervisor Mrs.Delia	
Immediate supervisor MIS NETIC	
Reason for leaving Employment with the	Machines and equip- ment you used
Office of Censorship.	
PlaceNew York (City) N.Y (State)	Exact title of your positio Kindergarten-Teacher slary: Starting, \$
FromSept. (City) TSept (State) 19 36 (Year)	Per Final, \$
Name of employer	Duties and responsibilities Teaching-of-Kindergarten-work.
H.R.Bretter	
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	
MrsLillian-Bretter.	Machines and equip-
Reason for leaving Financial-Betterment.	ment you used
Le Havre. France.	Exact title of your position Teacher Doctors Salary: Starting, \$
From July (City) 33, To July (Scate) 35.	As sistant/Sectetary, Per Final, \$
From (Month) (Year) (Month) (Year) Nome of employer:	Duties and responsibilities Teaching of German. Assistant and
Dr. Andre Porcheron	secretary to French doctor, also doing interpreting.
Address 21 Rue Des Brindes	for German speaking patients.
Le Havre, France.	
Kind of business or organization:	
Doctors Office.	
Number and class of employees you supervised	
Name and title of youngr. A. Porcheron.	
***************************************	Machines and emits
Reason for leaviEmigration to USA.	Machines and equip- ment you used

# 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 der ferstrasse
Kind of Business:
Boarding School.

Reason for leaving: Economic
Collapse, Advent of Hitlerism.

Place & Date: New Yor K 51. N.Y.
From: July 1935 To: Sept. 1935

S. H. Albert
760 Gr. Concourse

Teaching of German, Music, Sports and elementary subjects.

Duties & Responsibilities:

Visiting with Cousin at time of arrival in New York.

Place & Date: Milten berq, Germany.

Business & name of employer:

New York . 51. N.y.

Karl Falk 317 Hauptstrasse. Puties & 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

None,  No
Service Cordinated for military or, pavel service, or an annulty 18 so, type double sunder litems with a system of the control
96. Show name and address of wife's (or husband's) employer (if none, write "None")  None.  11. (a) Were any of the following members of your family born outed Continental U. S. A.?  12. If you indicate which by marking the appropriate pages, and show under liem and the strength of the propriate pages and show under liem and the strength of the propriate pages, and show under liem and the strength of the propriate pages, and show under liem and the strength of the propriate pages and show under liem and the strength of the propriate pages and the strength of the stren
None.  None.  None.  None.  January 1942  Stepmothers: Margarethe Falk.  Wisc. Hubbard X Father X. Mother.  Wisc. Hubbard X Father X. Mother.  Wisc. Indicate which by marking the appropriet space, and show under liem  If so, indicate which by marking the appropriet space, and show under liem  If so each, 10 full name, moulding massless comes of wise or macher, 12  He have you any relatives, by blood or by marking a bring in a breign  persons in be U.S. armed forces, now living in a breign  country?  If so, for each relative show under liem 45 the (1) name, (2) relationship, 30 place of residence, (4) birthplace, (5) present citizenship, and (6) whether ranslant or resident.  Zut any special skills not shown in Question 37, such as operation of shortwave radio, multitlik, key-punch, turns-latibe, or scientific or professional devices:  SKILL  Sk
41. (a) Were cny of the following members of your lamily born out-  ### ### ### ### ### ### ### ### ### #
stde Continental U. S. A.?  Whe — Husband & Father & Mother:  If no, Indicate which by marking the appropriate space, and show under Hem 45 fer each, (1) full none, including moden name of wile or mother, (2) birthplace, (3) produce of installation.  (b) Howe you any relatives, by blood or by meritage (excluding persons in the U. S. carmed forced, a now living in a foreign country?  If so, for each relative show under Hem 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizanship, and (5) whether ransient or resident.  Z. List any special skills not shown in Question 37, such as operation of shortware radio, multith, key-punch, turret-tathe, or scientific or professional devices.  SKILL SKILL SKILL  SKILL SKILL  SKILL SKILL  SKILL SKILL  SKILL SKILL  SKILL SKILL SKILL  SKILL SKILL SKILL  SKILL SKILL SKILL  SKILL SKILL SKILL SKILL  SKILL SKILL SKILL SKILL  SKILL SKIL
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Write on each sheet your name, full address, date of birth, and examin
If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of t gency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood
URAT (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,
fficer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not a
administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief
A destruction and party to party to the part
n the Railway Mail Service.
n the Railway Mail Service.  The composition and work in connection with any material required to be submitted for this examination are entioned, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and ref
the Railway Mail Service.  The composition and work in connection with any material required to be submitted for this examination are entioned, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and refund in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.
The composition and work in connection with any material required to be submitted for this examination are entioned, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and refund 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 fo
the Railway Mail Service.  The composition and work in connection with any material required to be submitted for this examination are entioned, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and refund in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

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Standard Form No. 57
Approved April 9, 1942
#Soviend Inly 1942)
U. S. CIVIL SERVICE COMMISSION

# APPLICATION FOR FEDERAL EMPLOYMENT

C. S. C. Dept. Cir. No. 332

. Name of examination, if any; or name of position applied for	FT .		AV.	This spa	oe for U. S. Civil Service Comi	nission	8	To U.S.	Civil
. Place al examination (ti a written test), or place at employme	eat appli	ed for:							
(City and State)									
Optional subject (if mentioned in examination announcement	eat):					Appor.			
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(City or post attice, as			41 4 4 4						
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(Town)		(Stat	or country)	- 10 - 10 - 11 - 11					
e "Yes" or "No" answer by placing X in proper column	Yes	No	indicate Y	es of No	answer by placing X in	proper o	olumn	Yos	No X
you a citizen of the United States?ese otherwise Instructed, naturalized citizens most submit,	x		22. (a) Wer	e you ever in	the U.S. military or nava	al service	?		
oth this application, Naturalization Certificate; other foreign- ocumentary proof of citizenship. Documents will be returned.			Army	"Navy. "	Marine Coast Guar	rd Date			
			(c) Have	you already	ges granted under honora y established military pref	erence w	ith the		
ve you ever been arreeled, or summoned into court as a de- dant, or indicted, or canvicted, or fined, or imprisoned, or on probation, or has any case against you been filed, or have			II If so, che	eck kind of pr	ommission? reference below: ibled Wife of disabled				
ever been ordered to deposit collateral for alleged breach or			If you are a	veter p for a spryfag	ran, veteran. specific examination, an	d wish to	eran.		
et all cases, without any exception whateover, under Item to 4, giving in each case (1) the date, (2) your age ot the time, place where the alleged offense or violation occurred. (4) the			veteran prete	erence in con-	nection with it, attach C.S. evidence specified therei	. C. (Prefe	rence)		
place where the alleged allense or violation occurred. (4) the ind location of the court, (5) the nature of the offense or violation of the offense or violation. The above				o registered i	under the Selective Service	Act?			
in includes arrests by military or naval authorities and dis- ry action imposed by courts martial, as well as in civil cases, inted, your lingerprints will be taken.			and n	umber of loca	ol board				
		v	It classif	ied, give					
Have you any physical delect or disability whatsoever? Have you ever had a nervous breakdown?		X	your c	lassification	Your order num	her			
nave you ever nad a nervous preakdown?  answer to either (a) or (b) is yes, give full particulars under  b, page 4.		- 4b		you now a m	ember of any branch of m	ulitary or	naval		
			If sa, giv			~~~~~			
you advocate or have you ever advocated, or are you now have you ever been a member of any organization that advo-			ii i		active duty?				
e overthrow of the Government of the United States by force nace?  , give complete details under item 45.		X	25. Give nur	nber of person	ns completely dependent or	n you, oth	er than		
ve you ever been discharged for misconductor unsatisfactory		x	palead	nd or wife				x	
vice, or forced to resign from any position? ate (under Item 45) when and where employed and give the					ort-term appointment? months1 month.				
and address of your employer and the reason for your dis- or forced resignation in each case.			27. (a) Woo	ld you acce	pt appointment anywhere	otlered	in the	x	
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o, specify:									
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e any members of your family or relatives (either by blood or marriage), employed by the United States Government, ex-				ceptable					
persone in the armed forces?		<b>X</b>							
ich relative under Item 45.			If so, and if	you are apply	ot appointment in Woshin ying for a specific examina	olion, refe	r to the	Х	
e you NOW employed by the Federal Government?	X		(C. S. C. For	m 12) te to be	ent to see if the Certifico aubmitted. Proof of reside	te al Res	idence		
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70 - 407-US on Reference Metrich			You will	not be consider	dered for positions paying	less.		per.	

(If so, list them below.)		rice examinati							Dakasa
Titles of examinations				nined in what			Month ar	nd year	Ratings
ranslator for English &	German	New-Yo	ork.Cit	y. N.Y.			lOFeb	43-	Qualified
) Have you passed any State or other civil ser	tection	that then th	- boya) with	the last 5 y	cars? (li so	nive details	under Item 4!	5)	x.
									Yes No
t. EDUCATION: (a) Circle highest grade comp	pleted, elementary	or high scno			8 9 10 1		you graduate Degrees c		Yes No Semester
Name and location of s	school		From-	To—	Day	Night	Title	Date	Semester hours credit
) College or university City College	, New-Yor	k.N.Y.	Pct.43	June44	•				
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Kindergarten Seminar  List your four chief undergraduate subjects		Semester	11	DE / 1/2 /	your four chie	ief graduate		)1-DEA	Semester hrs.
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r L Silvan									
•				None de Abel III	Inited States	and who an	re or have bee	en mainly	responsible for
5. REFERENCES: List live persons, who are not close direction of your work, or who are in	related to you by a position to judg	blood or ma	critically in th	nose occupat	nited States, tions in which	h you regard			
Full name			Address			_	Business o	or occupati	tion
	HQ. CCD.	Esslin	gen, Ge	rmany-			•		Section
H. Pulvermacher	HQ. CCD. I	Essling	gen, Ge:	rmany				_	ecom. Sect
Bela Zempleny	T TO THE COLOR OF				e <del>pt</del> i <del>on, Tele</del> c				
D. Lassman W. Kaldauke	Gr. 11/11 77	42. CCD		,07 US.A )7 US.AI	RKY	Chie	- I &R	-Stavi	
6. May inquiry be made of your present emplo	over regarding you	ur character,	700	,			,		Yes No
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tion and, except for employments held less you used on pay rall if different from that	ss than three month t given on this appl	hs, give your	duties and res	esponsibilities	s in such deto	tail as to mak	te Your qualif	ications cl	ear. Give name
Place Munich, Germany (War I	Dept.)	Exact tit	itle of your pos	osition Chie	ef Cens	or,	Salary:		
23Apr££°,45 ,0c	tober",47	ретес	com. De	pt.	cident	107 K 1	Peret	WORK.	Personnel
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Address		k. 000	mniling	of rec	current	t &spec	cial re	ports	s, issuing
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halvete Rel Rec. Clerks.	no siine	2 P V 1 S D C	"V DUSL	CITOTIS (	OT COTY				
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	Manual share
New-York. N.Y.	Exact title of your position. Salary: Starting, \$ 2700
F 10' To 19'1	Supervisor, Editorial Unit Per year 2190
(Month) O Co r(X-4r) (O Vf. (Mnnth) (Year)	Dulies and responsibilities Confidential and secret work. Translating,
Name of employer: Office of Censorship	editing and compiling of intelligence reports.
242 Seventh Ave	Teaching and training functions while temporarily
New York City. N.Y.	attached to Training School. Interviewing and indoc-
Postal Dept.	trination of new Federal employees. Giving of examinat-
	ions, grading of examination papers. Starting entire
	new section (Editorial Unit) within the Office Of
Number and class of Appr. 25, Writers, employees you supervised Appr. 25	
and supervisors.	Censorship.
Name and title of your Mrs. Flsa Hunter immediate supervisor	
Chief, Editorial Unit	
Employment with War	Machines and equipment you used
Reason for leaving Dept. overseas.	
	Private Tutor Sclery Starting S
Place New York	Exact title of your positionSalory: Starting, \$Kindergarten Teacher, Per Final, \$
From Oct 1936 To Sept 1943	
(Month) (Year) (Number) Nome of employer:	Duties and responsibilities Teaching of Kindergarten work
B.M. Gruenstein-	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	
Marca and title all m	
Name and title of your immediate supervisor MrsDelia-	
Gruenstein.	
	Machines and equip- ment you used
Reason for leaving Employment-with Cffice	
Of Crnsorship. New York. N.Y.	Exact title of your positions is a salary: Salary: Starting, \$
Place	Land of Joseph Mander Karten
(Month) (Year) (Month) (Year)	Teacher Per Final, \$
Name of employer:	Duties and responsibilities Teaching of Kindergarten work.
H.R.Bretter	- B-2 out north
Address 1400 Broadway	
New York. N.Y.	
Kind of business or organization.	
Private Hone Number and class of employees you supervised	
Cinical four supervised	
Name and title of your Ur. 3. Lillian	
Immediate supervisor 3. Lillian Bretter	
	Machines and equip-
Reason for leaving Financial Betterment.	ment you used
	Teacher and
Ploce Le Havre (Gir) France	Exact title of your position Teacher and Solory: Storting, \$
From LLLY (City) To July (Mark) 193, To July (Mark)	Doctors Assistant/Secretary Per Final, \$
(Month) (Year) (Modh) (Oear) Name of employer:	Definition of German. Assistant and
Dr. Andre Porcheron	secretary to French doctor, also doing interpreting
	for German speaking patients.
Address 21 Rue Des Brindes	
Le Havre. France	
Kind of business or organization:	
Number of Girace	
Number and class of employees you supervised	
Name and title of your immediate supervisor in Daniel State	
immediate supervised) p	
P. / 1 17 1	Machines and equip-
Reason for leaving migration to U.S.A.	ment you used
	<u></u>

if more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10½ 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: Wiltenberg, Germany Business & Name of employer: Karl Falk 317 Hauptetrasse Duties & Responsibilities:
Working in retail and wholesale business of my
father, now residing in New York. (Since 1936)

18. Do you hold any position or office under any State. Territory,	<b>45.</b> Space	e for detailed answers to other questions
county, or municipality?  If so, give details under Item 45.  Yes 156	Item No.	Write in left column numbers of items to which detailed answers apply
Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity	1	Karl Falk
from the U. S. Government under any Retirement Act?		Merchingen, Germany
Show name and address of wife's (or husband's) employer (if none, write "None"):	3	German
None	4	January 1942
(a) Were any of the following members of your family born out-	3	tepmother: Margarethe Falk
side Continental U. S. A.?		idenname: Hilb
Wife Husband X Father X Mother.		
for each, (1) full name, inclucing maiden name of wife or mother; (2) hplace; (3) native citizenship; and (4) if U.S. naturalized, date of naturalization.		sslingen, Germany
(b) Have you any relatives, by blood or by marriage (excluding persons in the U.S. armed forces), now living in a foreign		erman
persons in the U.S. armed forces), now living in a foreign	<u>5</u> _J	lanuary 1942
country? Yes No	*******	
If so, for each relative show under Item 45 the (1) name, (2) relationship, place of residence, (4) birthplace, (5) present citizenship, and (6) whether nesient or resident.		
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		
Pangannal Omganigation	2]	
state what kind of work you presersonnel, Organization		•
Lting, Newspaper, Research, Relief, Radio	,	
Give ony special qualifications not covered elsewhere in your application, oh os (a) your more important publications (do NOT submit copies unless reseted); (b) your patents or inventions; (a) hobbies, construction of instruments, etc.		
	******	
		***************************************
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* * *		***************************************
	If more	space is required, use a sheet of THIN paper, size 8 x 10½ incl
	Write on	each sheet your name, full address, date of birth, and examination.  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 Moil 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 extrement.

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) Miles 2016 C. FILE (Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Standard	Form No. 37
Commerce	April 9, 1942
MANAGEMENT	1.1. 1042)
(TOBATRECT	July 1942) TIL SERVICE COMMISSION
(i. S. CIV	IL SEKAICE COMMISSION
4001	11 Ct- No 332

#### APPLICATION FOR FEDERAL EMPLOYMENT

C. S. C. Dept. Cir. No. 332

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or writelegibly in BLACK INK.

to assure clear photographic copies for appointing agencies. If you are applying for o 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 lette to the U.S. CIVILSERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notity same office of any change of address.

This	50/309	for	agency	1000

Nome of examination, if any; or name of position applied for:     Place of examination (if a written test), or place of employme.		d for:		oce for U. S. Civil Service Comi		Te U.S. Survice Ce	. Civit mmissien
City and State)  3. Optional subject (if mentioned in examination announcement)					Appor.		
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A. P. O. 407 - U. S.	AR nd State)	m	<i>)</i> .				
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il 11. (a) Check coal (b) Check one: Widowed.			(Business phone) Weight:	Closed.	Date Reg		
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ate "Yes" or "No" answer by placing X in proper column	Yes	No		answer by placing X in	proper columi	n Yes	No
the you a citizen of the United States?	<b>X</b>	×	If so, give branch of Army. Navy.  (b) Were all discho (c) Have you alread Civil Service e If so, check kind of Veleran. Dis veleran preference in coi Form 14, together with it  23. Have you registered If so, give address and number of loc  If classified, give your classification  24. (a) Are you now a reserve? It so, give nome of organization	abled Wife of disables eran. veteran. veteran. a specific examination, on nnection with it, attach C.S. no evidence specified there under the Selective Service colloard	scharge: rd Date	e e	
or have you ever been a member of any organization that advo- the overthrow of the Government of the United States by force clence?		X	25. Give number of pers	ons completely dependent o	n you, other the		
Have you ever been discharged for misconduct or unsatisfactory pervice, or forced to resign from any position? state (under Item 45) when and where employed and give the and address of your employer and the reason for your disge or forced resignation in each case.		.X	27. (a) Would you accounted States	thort-term appointment?3 months1 month. cept appointment anywhen?	e offered in th	X	-
Within the past 12 months, have you used intodociting beverages?.		.X	Give location preferences	***************************************		 X	
Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, examp persons in the armed (arcos?	<b>Y</b>	X	Give locations acceptable  (a) Would you acc	ept appointment outside the	ngton, D. C.?		
Are you NOW employed by the Federal Government?  1 so TELEROM. DEPT. GY. "A"1142 C.C.D  0.407-U.S. ARMY Munich.  (Location)	.X		(C. S. C. Form 12) to be for many kinds of position 29. What is the lowest s	ment to see if the Certifico on submitted. Proof of residents. Intrance salary you will accurate for positions paying	ence is require	rd	
from 23. April 19.45 to November 19.47.			29 If you are willing	Occosionally. X Freque		antly.	

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Place Munich Germany May Dept.  From 23 April 1945 to November 41  Name of employer:  Gr. A. 71+2 C.C.V EUCOM.  Address H. F. O. 407 - U.S. ARMY  Kind of business or organisation:  Telecomeny Munich Germany May 141  React title of your position Chief-Ceneor.  Solary: Starting, \$26.0  Per year Final, \$5.18  Per year Final, \$5.18  Duties and responsibilities Conf. 1 start work. Personnel Manager 1616 in With various depts. User-agencies field teams etc. Writing editing a compiling of requirements. Its uing of kull dealing with specified subjects. Treparation delivery of tectures. Serving in a staff capacing with specified subjects in Key administrative. In the complete supervisor M. Belg. Zempleny.  Name and bile of your M. Belg. Zempleny.  Which in a disconnel Manager 1616 in the confidence of the confidence	Full name  (G)  Full vermacher  B. Lassman  May ton  Control  Cont	P. Ess D. 42 C.	ddress, including etreet and lingen	number)	rman #07	y Chie Asst. C Rhie- Chie Chie	Business P. Tell hief P. Tell P. Mou	ecom	Sech Dept
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Name of employer:  Gr. 17142 C.C.V EUCOM.  Address H. P. D. 407 - U. S. ARMY  (Munich)  Kind of business or organization:  Telecommunications	Full name  Full name  Full vermacher  Ha.C.C.  Lempleny  M. Kaldauke  May inquiry be made of your present employer regarding your  EXPERIENCE: In the space furnished below give a record of with your present position and work back to the first position and, except for employments held less than three months	your work or  A  Ye complete address  A  Ye complete a	including etreet and lingen etreet etreet and lingen etreet etre	c and pri-	man HO7 n	y Chie Asst. C Chie Chie	Business  P. Tell  Aie P.  Tell  D' Moa  Describe  e your quali	ECOM ECOM ECOM ECOM ECOM ECOM ECOM ECOM	Peph Hahim Yes an to work and plear. Give n
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Place NEW YOYK.  From Sept. (Gity) #3 To April (Sitte) #5 (Year)  To April (Sitte) #5	Exact title of your position Translator - Salary: Starting, \$ 1805 Supervisor, Editorial Unit Pervisor Final, \$2190
From Sect. (City) #3 To April (Section) #5 Name of employer:  Opping DD Consorship	Duties and responsibilities Conf. + Secret work. Translating taiting a compiling of
Address 2+2-7 Ave	intelligence reports submitted by sub-
New Year R. City, N. Y.	Teaching + training functions while
Number and class of employees you supervised Appr. 25 writers	5chool. Interviewing + indoctrination
And Super visors Name and title of four (Nrs. Elsa Hunter immediate supervisor (Nrs. Elsa Hunter	Examinations grading of examination
Chief Editorial Unit	Machines and equip Starting Partire Mew Section (Editoria)
War Deet overseas.  Place New York. N.Y.	Exact title of your position Private Tutor, Salary: Starting, \$
From OCF (City) 36. To Sept. State 43 (Year) Name of employer:	
B.M. Gruenstein Address 970 Park Ave	Work and elementary subjects.
New York. N. Y.	
Kind of business or organization:  Private Home  Number and class of	,
Name and title of your Immediate supervisor	
Mrs. Delia Gruenstein	Machines and equip- ment you used
Office of Censorship.	
From Sept. 1935, To Sept. (State) 1936 (Nonth) (Year)	Teacher. Per Final, \$
Name of employer: H.R. Bretter	Duties and responsibilities I E & Ching of Ningergarren
New York. N. Y.	
Rind of business or organization:  Private Home.  Number and class of	
employees you supervised  Name and title of your	
Immediate supervisor  Mrs. Lillian Bretter	Machines and equip-
Reason for leaving FINAN ELAI  Retter ment.	Machines and equipment you used
From July (City) 33, To July (State) 33 (Month) (Year)	
Dr. André Porcheron	to French doctor also doing
Le Havre. France.	Patients. g for German speaking
Number and class of employees you supervised	
Name and title of your Jr. A. Porcheron	
Reason for leaving Emigration to	Machines and equipment you used

county, or municipality?		
if so, give details under item 45. Yes No	Item No.	Write in left column numbers of items to which detailed answers apply
39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity	1	Karl Falk
from the U.S. Government under any Retirement Act?X	2	Merchingen Germany
40. Show name and address of wife's (or husband's) employer (if none, write	3	German
"None");	4	January 1942
41. (a) Were any of the following members of your family born out-		
side Congrental U. S. A.?		Stepmother: Margarethe Faik
Yes No  Wife Husband		Maldenname: Hilb
If so, Indicate which by morking the appropriate space, and snow under term 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>.</b>	Esslingen, Germany
(b) Have you any relatives, by blood or by marriage (excluding	-V	January 10 42
persons in the U.S. armed forces), now living in a foreign		vanuary 1942
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 Research, Relief, Radio, Educational Propag.  44. Give any special qualifications act covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbles, construction of instruments, etc.		
440-1440-14-14-14-14-14-14-14-14-14-14-14-14-14-		
	Write	ore space is required, use a sheet of THIN paper, size 8 x 10½ inches. On each sheet your name, full address, date of birth, and examination title  Use one side only. Enclose, unattached, with application.
If you claim preference for the Indian Service as an Indian, you must fil	e with th	as application a certificate from the superintendent of the Indian
agency where you are registered, or from the Commissioner, Bureau of Indian	Affaire,	showing that you have at least one-tourth Indian blood.
JURAT (OR OATH).—This jurat (or oath) must be executed.  The following oath must be taken before a notary public, the sec	cretary	of a United States civil service board of examiners, or other
officer authorized to administer oaths, before whom the applicant mus	t appea	ar in person. The following are among those <u>not</u> authorized
to administer this oath: Postmasters (except in Alaska), Army officer	s, post-	office inspectors, and chief clerks and assistant chief clerks
in the Railway Mail Service.  The composition and work in connection with any material	rom:	ed to be submitted for this examination are entirely my
The composition and work in connection with any material own, except where I have given full credit for quoted matter or t	he colle	aboration of others by quotation marks and references,
and in the composition of the same I have received no assistant	e exce	ot as indicated fully in my explanatory statement.
I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM)	that t	he statements made by me in answer to the foregoing
questions are full and true to the best of my knowledge and bel	ief, SO	HELP ME GOD.
li female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."  (Signature of a use your own given name, as "Mrs. Mary L. Doe."	applican	ND INK your name one given name, initial or initials, and surname)

45. Space for detailed answers to other questions:

38. Do you hold any position or office under any State. Territory,

Standard Form No. 57
Approved April 9, 1942
(Royled July 1942)
(Royled July 1942)
(S. C. Popt. Cir. No. 332

INSTRUCTIONS.—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK.

This space for appointing agreedes. If you are applying for a specific United States

Coll Service Examination, read the Examination Anouncement ca cation to the office osmed therein; if not, mail with no explanatory let WASHINGTON, D. C., unless otherwise directed. Notify same office	e of any ch	follow all U.S.C. hange of	address.				
1. Name of examination, if any; or name of position applied for:	:		AV. This space	oe for U. S. Civil Service Comi		To U.S. (	Civit rumissiem
2. Place of examination (if a written test), or place of employmen	at applied	d for:					
(City and State) 3. Optional subject (if mentioned in examination announcement	at):				A		
					Appor.	-	
4. Mr. Mrs. Edith Carrie  (First name) (Middle)		.,,	FALK (Last)		O. S		
					E & E		-
S. Gr. An 7742 C.C. V					P & D		
A. P. O. 407 - U. (City or post office, and	S. A	PR.	my				
6. Date of birth (mooth, day, 7. Age last birthda	ioy: 8. D	Date of th	this application:	Preference:	Adm'd exam		
5 July 1911 36	2	ON	OV. 1947	Allawed—  Veteran. Disability.	Approved by		
9. Legal or voting residence: State New York.	Y. Teleph	none nu	mbers: Munich 8/2321/2322	Wife. Widow.	Exam. date		
Widowed	(Residen	nce phor	one) (Business phone)	Disallowed. Closed.	Not. Ra		
11. (a) Check one (b) Check one: Widowed Male.	out she	hoes:	- Weight:			Materio	
Fomole Married Divorced.		tin	л			Materi	
13. Where were you born? (Town)		i i	e or country)	Indian.	Material ret.		
dicate "Yes" or "No" answer by placing X in proper column	Yos	No	Indicate "Yes" or "No"	answer by placing <b>X</b> In	proper column	Yes	No
Are you a citizen of the United Sigles?	X		If so, give branch of	n the U.S. military or navi I service and date of last d	discharge.		×
Unless otherwise instructed, naturalized citizens must submit ong with this application, Naturalization Certificate; other foreignm, documentary proof of citizenship. Documents will be returned.			Army Navy	_ Marine Coast Gua	ard Dote		
Have you ever been arrested, or summoned into court as a de-			(c) Have you already	ly established military pre Commission?	eference with the		
fendant, or indicted, or convicted, ar fined, or imprisoned, or aced on probation, or has any case against you been filed, or have			Il so, check kind of pr Veteran Disa	preference below: abled Wile of disable	ed Widow of veteran.		
		_ <b>X</b>	Veter  If you are applying for a veteran preference in con-	eran. veteran a specific examination, ai nnection with it, ottoch C.S	veteran, and wish to claim S. C. (Preference)		
to ever been craered to deposit calaterat for alleged practic of obligation of any law or police regulation or ordinance whatsoever?			Form 14, together with the	ne evidence specified there under the Selective Service	ein.	-	
me and location of the court, (5) the nature of the offense or viola- n, (6) the penalty, if any, imposed, or other disposition. The above testion includes arrests by military or navel authorities and dis- plinary action imposed by courts martial, as well as in civil cases.			II an avve addense	under the Selective Servic		1	
testion includes arrests by military or novol authorness and dis- plinary action imposed by courts martial, as well as in civil cases. appointed, your lingerprints will be taken.			It classified, give			-	
(a) Have you any physical defect or disability whatsoever?		.Х	your classification	Your order nur	mber		
(b) Have you ever had a nervous breakdown?		×	reserve?	member of any branch of r			
			If so, give name of organization				
7. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advo- thes the overthrow of the Government of the United States by force			(b) Are you now on				
thes the overtines of the Government of the United States by force violence?		×	H	ons completely dependent o	on you, other than		
Hove you ever been discharged for misconduct or unsabsfactory sorrice, or forced to resign from any position?		×	husband or wife  26. Would you accept sh	horl-term appointment?		<b>X</b>	
so, state (under Item 45) when and where employed and give the ame and address of your employer and the reason for your dis-			X 6 months. X 3	3 months 1 month.	e ollered in the		
harge or forced resignation in each case.		V	<ul> <li>United States?</li> <li>Give location</li> </ul>	cept appointment anywher	in the	-X	
3. Within the past 12 months, have you used intodoating beverages?. If so, specify:		.X	preferences				
Occasionally Habitually To excess.				ept appointment outside the	e United States?	X	
Are any members of your family or relatives (either by blood or			Give locations acceptable			1	
by morriage), employed by the United States Government, ex- uding porsons in the armed lorces? If so, give name, address, relotionship, and branch of service of		<b>X</b>				1	
ach such relative under Item 45.	×		Il so, and if you are appl	ept appointment in Washt plying for a specific examin ment to see if the Certific	ination, refer to the	X	
I. Are you NOW employed by the Federal Government?  a) If 50 Telecom. Pepr Gr. "A" 1742	-13		examination announcem	ment to see if the Certilic se submitted. Proof of resid	cate of Residence		
C.C. D. EUESIN. A.P. O. 407			28. What is the lowest en	entrance salary you will ac		per per	
ticeston) If you now are or have ever been so employed, give dates:			You will not be cansi 29. If you are willing	sidered for positions paying	ng less.		
from 23 PPT 1 19 # To Ne Vembers #7			to travel specify:	Occasionally. *Freque		ntly.	
	1	THE R. P. LEWIS CO., LANSING	II 30. How much notice we	all you require to report for	work?		

Print or type your name here as in Item 4	rvice exominat	tions?						Yes No
Titles of examinations		Exon	ined in what	cities		Month o		Rotings
anslate for English's German	New >	lor K	City	. 14.)	Υ	Feb.1	943 (	Jualified
b) Have you passed any State or other civil service examination	(other than the	above) with	in the last 5 ye	ears? (Il so	, give details	under Item 45	3)	Yes No
2. EDUCATION: (a) Circle highest grade completed, elementar	y or high scho	•		<del></del>	11 12. Did			Yes No
Name and location of echool		From-	To—	Pears co	Night	Degrees of Title	Date	Semester hours credit
b) College or university City College, New Yor	и.и.y.	O21.43	June 44		×			
Wordens School De Sarial Sei	enels	1927	1928	×		Studies	44m 1 2 2 1	al Etanama
A) List your four chief undergraduote subjects	Semester	1928	1429	our four chi	ef graduate s	Willing	Ty	chology Semester hrs.
n Tist Aont ton cust mineral angestanges someon				<u> </u>				
					· · · · · · · · · · · · · · · · · · ·			
						~~~~		
3. Indicate your knowledge of READ SPEAK foreign languages.	air Exc. Good	Fair 34. A	re you now o electrician, r	adio operate	or, pilot, lawy	er, CPA, etc	.)?	
French X X X	X	G	not, have you ive kind of lic arliest license	cense and St	ate			
		М	ost recent lic	ense (year)				
5. REFERENCES: List five persons, who are not related to you by close direction of your work, or who are in a position to judg	e your work ci	ritically in th	ose occupation	ons in which	you regard	Yourself as E	est qualifie	<del></del>
(.D. Hayton HO.C.C.)	D. Essl	including street	and number)	man y	unief	Tele	om.	Section
Remoter & G. "A"C.	D. A.	P. D. 4	07-U	.S.Avm	st.Chi	p' Te	H lecor	n. Dep
Lassman .		<u> </u>			Chief	Mai	n St.	ept.
. May inquiry be made of your present employer regarding you	ir character, c	jualifications	3, etc.?					Yes No
EXPERIENCE: In the space furnished below give a record of with your present position and work back to the first position and, except for employments held less than three month you used on pay roll if different from that given on this app	is, give your di	ment, both p ald, account uties and res	ublic and pring for all perponsibilities	ivate, which eriods of une in such deta	you have he employment il as to make	d since you Describe you your qualiti	first began our field of cations clea	to work. Start work and posi- ar. Give name
Place Munich German Y har Dool From 3 April 1945 to 24 f (State ) 194	H	of your pos	Ition Mile	¥-884	Sar,	Solary:	Starting, S	2603 5187
Name of employer:		d responsibi	itie Sm.f.	+ secre	Hork.	Terson	nel M. Cies, f	magend
Address A. P. O. 4-07-4.3. HRPL Muniah-Germany	y Writin	19, editi	bullet	npilln ins.de	aling	eutres With 3	pecifi	ed andler
Kind of business or organization: TELECOMMUNICATIONS DEPT.	Repa	Capa	city a	drisi r	of let	tures.	- str	in Key
14 ste Rel Ket Clerke Train Inste	interp	nistra retation	HALYEL	e operi	eting.	direat	ns of	saertoini
Name and title of your M. B. Zemplen y Chiet Telecom. Vept		ou used	be give	ng ne	eds + 9	of inf	orma	honal
		-			_	_		

	A . F. 11 . 1 . 1000
From Sept., 19 4-3 To Apri Citat) (Year)	Exact title of your position superviser Editorial Salary: Starting, \$ 1800.—  Unit and Traing later. Per year Final, \$2190.—
(Month) (Year) (Month) (Year)	Duties and responsibilities Confidential and secret work.  Translating editing ecompiling opintellique
Address & 43 - 7 Ave	reports. Teaching 9 training functions
New York IV.	School. Interviewing and indectripation
Kind of business or arganization:  Editerial Unit  Number and class of employees you supervised Appl 25 Millers	Existed Completes Crising of
and supervisors.	Papers Starting Entire Men Apping
Name and title allyour Mca. Elsa Hunter, immediate supervisor Mca. Elsa Hunter, Chief Elitorial Unit	of Censorship.
Reason for leaving Employ Ment With	Mdchines and equipment you used
Place NEW YOYK . IY.	Exact title of your position Private Tutor Salary: Starting, \$
From Oct., 19 3.5., To X (Sette)  (Month)  Name of employer:	Duties and responsibilities Teaching of Kindergarten
Address 9.70 Fax K Ave	wryk and elementary subjects,
Kind of business or organization:	
Number and class of employees you supervised	
Name and title of your Immediate supervisor	
Reason for leaving Employment With	Machines and equip- ment yau used
Place New Yor K. N.Y.	Exact title of your position Kindergarten Salary: Starting, \$
From Sept. (City) 3.5, To Sept. (State) 936. (Year)	Duties and responsibilities TEACHING of Kindergarten
Name of emplayer  H.R. Bretter	Work.
New York M.Y.	
Kind of business ar organization:  Private Home.  Number and class of employees you supervised	
Name and title of your	
Mrs. Lillian Bretter  Reason for leaving Financial	Machines and equip- ment you used
Betterment.	Exact title of your position Doctors Assistant Salary: Starting, \$
From July (Git) 33, To July (State) 1935	and Searchary. Por Final, \$
Dr. André Porcheron	French doctor also doing interpre- ting for German speaking Patients.
Le Harre. France.	
Number and class of employees you supervised	
Name and title of your Jr. A. Parch Winn immediate supervisor Jr. A. Parch Winn	
Reason for leaving Expligration To U.S.A.	Machines and equip- ment yau used

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10½ inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclase, unattached, with application.

county, or municipality?  If so, give details under Item 45.		ce for detailed answers to other questions:
100 10	Item No.	Write in left column numbers of items to which detailed answers apply
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?	1	Karl FALK
If so, give details under item 45.	2	Merchingen, Germany
90. Show name and address of wife's (or husband's) employer (if none, write "None"):	.3	(serman'
None	.4	January 1942
II (a) War any of the (all of a second and a second a second and a second a second and a second	******	
II. (a) Were any of the following members of your family born out- side Continental U. S. A.?		
C AT		Stepmother: Margarethe FA
Wife Husband & Father & Mother. Its No life so, indicate which by marking the appropriate space, and show under item 5 for each, (1) full name, including motion name of wife or mother; (2) withplace; (3) native citizenship; and (4) if U.S. naturalized, date of naturalization.	1	Maidenname: Hill
wrthplace; (3) native citizenship; and (4) if U.S. naturalized, date of naturalization.	2	Esslingen, Germany
(b) Have you any relatives, by blood or by marriage (excluding persons in the U.S. armed forces), now living in a foreign	3 (	German
country?	4.	January 1942
If so, for each relative show under Item 45 the (1) name, (2) relationship,  Diplace of residence, (4) birthplace, (5) present citizenship, and (6) whether		, , , , , , , , , , , , , , , , , , ,
3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether ansient or resident.		
<ol> <li>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:</li> </ol>	******	
SKILLSKILL		
SKILL SKILL		
Words per minute in typing; stenography		
Do you have a license to operate an automobile?Yes No		
State what kind of work you profes Educational Organizational		
Newspaper, Relief, Radio Personnel Research		
Give any special qualifications not cavered elsewhere in your application,		
to do see any special qualifications and covered elsewhere in your application, chos (a) your more important publications (do NOT submit copies unless re- lested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.		
conseq, (a) your parents of inventione, (c) nobbies, construction of instruments, etc.	******	
W 4		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
***************************************		
		***************************************
	If more	space is required, use a sheet of THIN paper, size 8 x 10½ inches
	Write on e	Use one stag 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 euperintendent 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 guestions 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 Pairly C. Truff
(Signature of applicant) No Pairly C. Truff
(Signature

Standard Form No. 57
American April 9, 1942
Hoved July 1942) J. S. CIVIL SERVICE COMMISSION
1. 2. CIAIT DEKAICE COMMISSION

### APPLICATION FOR FEDERAL EMPLOYMENT

1. Name of examination, if any; or name of position applied for:		or write legibly in BLACK or specific United Se direction, and mail this a VILSERVICE COMMISS address.  AV. This spo	noe for U. S. Civil Service Cominission	To (	U. S. Civil Commission
2. Place of examination (if a written test), or place of employment applied	ed for:				
(City and State) 3. Optional subject (if mentioned in examination announcement):			Aspor. Nonsppor.		
1 4 - MT. F1'LL (20 1')		FAIN	O. S		
4. Mrs. Edith Carrie  Miss (First came) (Middle) (Motder	n, li any)	(Lart)	Gr		
5. Gr. "H" 7743 C. C. D 1.	EUC	un,	P&D		
A .			Ini	,	
H. P. L. 467 - 21. S. H.R. (City or post office, and State)	111.				
6. Date of birth (month, day. 7. Age last birthday: 8. I year):	Date of the	his application:	Preference: Adm'd ex	am	
year): 5 July 1911 36 9. Legal or voting residence: 10. Telepl	/ VE	(Einber 194/	Disability.		
9. Legal or voting residence: 10. Telepl	122	010101103221	Widow. Exam. da		
State NEW YENROW Y Milit:	ence pho	do) (Business phone)	Closed.		
Mala Charle Connected outs	ht, with- shoes:	Weight:	Mic roy		aterial siti'd
Female. Married. Divorced. 5.ft		. 150 lb.			laterial filed
13. Where were you born?(IOwn)	State	or country)	Indian Materia	l ret	
cate "Yes" or "No" answer by placing X in proper column Yes	No		" answer by placing X in proper col	umn Y	os No
Hove you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, ar imprisoned, or sed as probation, or has any case against you been liked, or have ever been ordered to deposit collateral for alleged breach or allow a like of the control of the collateral for alleged breach or allow a large of the collateral for alleged breach or allow a large of the collateral for alleged breach or allow a large of the collateral from the collateral for alleged breach or allowed and location of the court, (5) the nature of the oliense or violation and location of the court, (5) the nature of the oliense or violation in the court, (5) the nature of the oliense or violation induces arrests by military or naval authorities and distinary action imposed by courts martial, us well as in civil cases, pepointed, your ingerprints will be taken.  (a) Have you any physical defect or disability whatsoever?  (b) Have you ever had a nervous breakdown?  (c) Have you ever had a nervous breakdown?  Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocs the overthrow of the Government of the United States by force ricelence?  If so, give complete details under Item 45.  Hove you ever been a testign from any position?  o, stote funder Item 45) when and where employed and give the		Civil Service Il so, check kind of garderen Dis Veteran Dis Veteran Dis Veteran Dis Veteran professor If you are applying for veteran preference in coo Form 14, together with the  23. Have you registered If so, give address and number of low It classified, give your classification  24. (a) Are you now a resorve? If so, give name of organization (b) Are you now on  25. Give number of pers husband or wife 6 months	sabled Wife at disabled Wide leran veteran veteran veter a specific examination, and wish to a ninection with it, aftach C.S. C. (Preference of the evidence specified therein at under the Selective Service Act?	ow of an. I can not not not not not not not not not no	
ime and oddress of your employer and the reason for your discrete or forced resignation in each case.  Within the past 12 months, have you used intoxicating beverages?		- United States Give location preferences	ccept appointment anywhere olfered in	the	
			cept appointment outside the United Sta	bes?	
Occasionally Habitually To excess.  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 chesch relative under Nem 45.  Are you NOW employed by the Federal Government?		Give locatione acceptable  (c) Would you acc It so, and if you are appropriate announce	cept appointment in Washington, D. C. oplying for a specific examination, referement to see it the Certificate of Residue submitted. Proof of residence is req	?	
(Department or agency) (Bulosal) (Lassian)		28. What is the lowest	entrance solary you will accept? \$	1	per
If you now are or have ever been so employed, give dates:		29. If you are willing		1	
from 19 to 19 (Month) (Yest)		Ear it Aon ole Attitled	Occasionally Frequently Co		

			Exom	Ined in what	cities		Month o	ind year	Yes No Rotings
								,	
					***********				
***************************************									
Have you passed any State or other civil se	ervice examination (	other than the	above) withi	n the last 5 ye	ears? (If so	give details	under Item 45	5)	Yes No
EDUCATION: (a) Circle highest grade con	npleted, elementary	or high schoo	1: 1 2 3	4 S 6 7	8 9 10	11 12. Did	you graduate	9?	Yes No
Name and location of	echool		Dates a	tended	Years co	mpleted	Degrees o	conferred	Semester
Name and location of	scriooi	1	From-	То-	Day	Nighi	Title	Date	hours credit
College or university									
Other							Studies		
	· - · · · · · · · · · · · · · · · ·	10	16		·	<u>!</u>	<u>-1</u>	·	10
ist your four chief undergraduate subjects		Semester h	rs.	List y	our four chi	of graduate	subjects		Semester h
ndicate your knowledge of REAL	D   SPEAK	UNDERSTA	ND					-	Yes N
foreign languages. Exc. Good	Fair Exc. Good Fair	Exc. Good F		you now a	licensed me	mber of any	trade or profe yer, CPA, etc	ession (suc	h as
		1 1					,er, Cr A, etc		
		-							
		-							
		-	Ea	rliest license	(year)				
		-		st recent lice					
REFERENCES: List five persons, who are not close direction of your work, or who are in	t related to you by b a position to judge	olood or marr yaur work cri	lage, who li lically in the	ve in the Un se occupatio	ited States, ons in which	and who are you regard	e or have bee yourself as b	n mainly i est gualifi	esponsible f ed.
Full name			dress			1	Business or		
	(Give	complete address.		and number)					
				•					
	•		•						
lay inquiry be made of your present emplo	ver regarding your	character a	alifications	etc.?_					
									Yes
EXPERIENCE: In the space furnished below with your present position and work bo									
tion and, except for employments held less you used an pay roll if different from that	than three months,	give your dut	ies and resp	onsibilities i	n such detai	l as to make	your qualific	cations cle	ar. Give no
· · · · · · · · · · · · · · · · · · ·	8 et						Salary:		
01000	(Stete)	EXCE THE	or Agnt bosm				Per		
(City)							101	Linut,	*
From (Gity)  Glooth) (Year)	(Month) , (Year)								
From	10		responsibili	lies					
From (Month) (Year) to	(Month) , (Year)		responsibili	ties					
From (City) 19 to	(Month) , (Year)		responsibili	ties					
From	(Month), (Year)		responsibili	ties					
From (City) 19 to	(Month), (Year)		responsibili	ties					
(City) From	(Month), (Year)		responsibili	ties					
(City) From	(Month), (Year)		responsibili	ties					
(City) From	(Month), (Year)		responsibili	ties					

Place(City) (State)	Exact title of your position	Salary: Starting, \$
From		Per Final, \$
Name of employer:	Duties and responsibilities	
Address		
Kind of business or organization:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Number and class of employees you supervised		
employees for supervised		
Name and title of your immediate supervisor		
immediate supervisor		
	Machines and equip-	
Reason for leaving	ment you used	
Place (City) (State)	Exact title of your position	Salary: Starting, \$
From, 19, To, 19, (Month) (Year)		Per Final, \$
Name of employer:	Duties and responsibilities	
Address		
Kind of business or organization:		
Number and class of emplayees you supervised		
Name and title of your Immediate supervisor		
initional bupor visit and a second se		
Reason for leaving	Machines and equip- ment you used	
reason for leaving	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pi	Exact title of your position	Salary: Starting, \$
Place (City) (State)	Exact title of your position	Salary: Starting, \$
From (City) (State)  From (Month) (Year) (Month) (Year)		Salary: Starting, \$ Per Final, \$
From, 19, To, 19		
From (City) (State)  From (Month) (Year) (Month) (Year)		
From, 19, 19		
From, 19, To, 19		
From		
From (Mooth) 19 (Year)  Name of employer:  Address  Kind of business or organization:		
From		
From		
From (Mooth) 19 (Year) To (Month) 19 (Year)  Name of employer:  Address  Kind of business or organization:  Number and class of employees you supervised  Name and title of your	Duties and responsibilities	
From (Mooth) 19 (Year) To (Month) 19 (Year)  Name of employer:  Address  Kind of business or organization:  Number and class of employees you supervised  Name and title of your		
From (Naoth) 19 (Year) To (Month) 19 (Year)  Name of employer:  Address  Kind of business or organization:  Number and class of employees you supervised  Name and title of your immediate supervisor	Duties and responsibilities  Machines and equip-	
From (Mooth) 19 (Year) To (Month) 19 (Year)  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	Duties and responsibilities  Machines and equip-	Per Final, \$
City   Cstate   From	Duties and responsibilities  Machines and equipment you used	Per Final, \$
From (Mooth) 19 (Year) To (Month) 19 (Year)  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	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
Reason for leaving  Place  (City)  (Nonth)  (Nonth)  (Year)  (Nonth)  (Year)  (Month)  (Year)  (Month)  (Year)  (Month)  (Year)  (Month)  (Year)  (Month)  (State)  (Year)  (Month)  (State)  (Year)  (Month)  (State)  (Year)  (Month)  (Nonth)  (Nonth)  (Year)  (Month)  (Year)	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$
From	Duties and responsibilities  Machines and equipment you used  Exact title of your position	Per Final, \$

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10½ inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unatlached, with application.

county, or municipality?  If so, give details under Hem 4S Yes 1		Write in left column numbers of items to which detailed
Do you receive any pension or other benefit (exclusive of Adjusted	No.	answers apply
Service Certificate) for military or naval service, or an annuity		
from the U.S. Government under any Retirement Aci?	No	
Show name and address of wife's (or husband's) employer (if none, wr		
"None"):		
		***************************************
(a) Were any of the following members of your family born out-		
side Condinental U. S. A.?	lo	
Wife Husband Father Mother.  so, Indicate which by marking the appropriate space, and show under lite or each, (1) full name, including maiden name of wife or mother; (splace; (3) native citizenship; and (4) if 1 S. naturalized, date of naturalization.		
or each, (I) full name, including maiden name of wife or mother,	(2)	
	on.	
(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 N	lo	
so, for each relative show under Item 45 the (1) nome, (2) relationshiplace of residence, (4) birthplace, (5) present citizenship, and (6) wheth	n	
itent or resident.		
det any special skills not shown in Question 37, such as operation of sho	rt	
wave radio, multilith, key-punch, turret-lathe, or scientific or profession devices.	al	·
SKILLSKILL		
SKILLSKILL		
Words per minute in typing; etenography		
Oo you have a license to operate an automobile?Yes N		
I GS N		
State what kind of work you prefer		
National and Oil Hole you protest a service and a service		
Dive any special gualifications not covered elsewhere in your applications (do NOT submit copies unless r	n,	
ed); (b) your patents or inventions; (c) hobbles, construction of instruments, et	c,	
·		
***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
		. 8.0
		space is required, use a sheet of THIN paper, size 8 x 10½ tha

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 Affaire, showing that you have at least one-fourth Indian blood.

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

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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 etatements made by me in answer to the foregoing questions are full and true to the beet 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."

(Signoture of applicant)\_\_\_\_\_\_\_(Sign WITH PEN AND INK your name—one given name, initial nr initials, and surname)

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

1	Surname Nom de famille  First Name other names Prénom usuel autres prénoms  Address Addresse  3 Telephone number No de téléphone		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 lei une photographie récente de 38mm de côté. Indiquer au dos votre nom, votre adresse et l'année où la photographie a été prise.
4	Date of birth Date de naissance  6 Nationalité à la naissance	•	
5	Place of birth Lieu de aaissance 7 Nationality now Nationalité actuelle		
8	Sex: (strike out what does not apply) Sexe: (biffer la mention inutile)  Male Masculin  Female Féminin  Marital Status: (strike out what does not apply) Situation conjugale: (hiffer la mention inutile)  Single Célibataire Divorcé (e  Married Marrié(e)  Separated Séparé(e)	Taille	L
•	Havo 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
•	Have you any known physical defects or disability? Etes-vous à votre connaissance, atteint d'un défaut physique ou d'une in- firmité?		3, 14, or 15 is yes, give details: mative aux questions 13, 14, ou 15, donner des détails:
j ;	Have you ever had a nervous breakdown?  Vous est-il arrivé de soulfrir de fatigue nerveuse?  Have you ever been discharged or forced to resign from any post?  Vous est-il arrivé d'être congédié ou mis en demeure de démissioner d'un poste que vous occupiez?		
_			
	Are any members of your family or relatives (either blood or by marriage) en f a-t-il des membres de votre famille ou des personnes ayant avec vous des les Nations Unies? Dans l'affirmative, indiquer le nom et le dogré de parenté	mployed by Valted Natio	ns? If eo, give name and relationship. amguinité ou alliance) qui travaillent pour l'Organisation

### 17 EDUCATION INSTRUCTION

(a) Indicate elementary and secondary school, college or university attended: Indiquer les études que vous aves laites (élémentaires, secondaires, universitaires);

Name, location Nom, lieu et typ	and kind of school, etc.  e de l'établissement d'enseignement.	From De	To à	Degrees etc. obtained Diplômes etc obtenus	Major Subject(s) Matière(s) principales
***************************************					
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(b) List any special schools atter Indiquer les écoles que vous ave aves suivis:	uded or courses taken: es fréquentées, ou les cours spéciaux que voue L	(c) List any a liste des prin	significant p scipaux ouv	publications you have writerages que vous avez publi	ilen: ·és:
		•			
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Indicate your knowledge of language Quelie est vatre connaissance des	langues?	Indicate typ Indiquer vo eténographi	tre vitesse	orthand speed in words pe (Nombre de mots à la mi	er minute; inute) en dactylographie et
	Reading Writing Speaking Lue Ecrite Parlée				reach Other languages
List languages (native first)			,		ançais Autres langues
Listee des langues (langue maternelle en premier lieu)	Excel Good Bone Excel Moyenne Excel Exc. Excel Good Bone Exc. Exc. Exc. Exc. Exc. Exc. Exc. Exc.	Typing Dactylogr	ombie }		
	Parker Property Prope		-hma (		
		Shorthand			
		Sténograp	hie		
		List office -	achines we	u are qualified to operate	
	20	Quel matéri	iel de hurec	ru (machines à calculer,	etc.) saves-vous utiliser?:

#### NE RIEN ECRIRE A CET ENDROIT

21 Record of Employment, including service in the armed services and other we Liste des postes que vous avez occupés (y compris le service dans les force	ar activities. es 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 to Dates	Salary: etarting final
Name & address of employer Nom et adresse de l'employeur	Traitement: de début final  Duttes and responsibilités 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	
Nombie et categories à employes places sous vos oluces	,
(b) Previous positions Postes précédemment occupés  Dates of service to	Title of this position Quelle était votre situation?
Dates address of employer	Solary: starting
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'employée placés sous vos ardres	
Reasons for leaving Indiquer pour quels motife vous avez cessé d'occuper ce poste	
(c) Previous positions Postes précédemment occupés	Title of this position Quelle était votre situation?
Dates of service to Dates de service a  Name and address of employer Nom et adresse de l'employeur	Salary: starting final Traitement: de début final Duties and responsibilities
•••••••••••••••••••••••••••••••••••••••	Fonctions et responsobilités
Kind of business Genre d'activité	
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Reasons for leaving Indiquer pour quels motifs vous avez cessé d'occuper ce poste	
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# UNITED NATIONS APPLICATION FOR EMPLOYMENT—Supplementary Sheet NATIONS UNIES DEMANDE D'EMPLOI—Feuille Supplémentaire

Record of Employment (continued)  Il 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 epace provided.  Posfes occupés (suite)  Si un espace supplémentaire est nécessaire pour l'énumération des postes occupée, continuer sur cet imprime et ne pas négliger de mentionner votre nom et votre adresse dans l'espace réservé à cel effet.	Surcame Nome de la First Name Prénom usu Address Address	other	names is prénoms
(d) Previous positions Postes précédemment occupés		Title of this position Quelle était votre situation?	
Dates of eervice to			
Dates de service a	America 1117 hours for 1717 Pro-	Saiary: starting Traitement: de début	final lipal
Nom et adresse de l'employeur	***************************************	Dutles and responsibilities Fonctions et responsabilités	
Kind of business Genre d'activité	N. 11 F an 1   12 f a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2		
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			
(e) Previous positions  Postes précédemment occupés  Dates of service to		Title of this position Quelle était votre situation?	
Dates de service a  Name & address of employer  Nom et odresse de l'employeur		Salary: starting Traitement: de début  Duties and responsibilities Fonctions et responsabilités	final
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			

22 Give the name and addresses of three persons, who are not related to you by blood or marriage, who are familiar with your character and qualifications:	23 State any facts not already covered. Include information regarding any residence or prolonged travel abroad, give dates, purpose, areas, etc.
Donner le nom et l'adresse de trois personnes n'ayant avec vous aucun tien de parenté (consanguinité cu alliance) et connaissant vos capacités et votre moralité:	Donner tous autres reaseignements non prévus ci-dessus, y compris des détails sur vos séjours ou longs voyages à l'étranger; indiquer les dates les motifs, les régions, etc.
1	
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2.	
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3	
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23 Have you any objection to our communicating with your present employer?	***************************************
Avez-vous des objections à ce que nous nous mettions en rapport avec votre employeur actuel?	
***************************************	
24 Are you willing to travel?  H so indicate whether	
Etes-vous disposé à vous Dans l'affirmative,	
déplacer? indiquer si ce occasionally: frequently: constantly:	
serait occasionellement: fréquemment: constamment:	
25 Would you accept employment anywhere?	
Accepteriez-vous d'être nommé à n'importe quel endroit?	
If not give locations acceptable:  Dans la négative indiquer les endroits que vous accepterlez:	
***************************************	
	•••••••••••••••••••••••••••••••••••••••
***************************************	
26 State kind of work you prefer:	
Indiquer la genro de travail que vous préférez:	
***************************************	
27 How much notice would you require to report for work?	
Dans quel délai pourriez-vous entrer en foactions?	
***************************************	
28 What is the minimum period of time for which you would accept employment?	
Four quelle période minimum accepteriez vous un engagement?	
20 I the undersigned english that the eleterant work have	ull and true to the heat of my knowledge and helicf. I understand that any
yilful mis-statement renders me liable to instant dismissal, if employed.	full and true to the best of my knowledge and belief. I understand that any
	à ma connaissance, complètes et exactes. Je reconnais que toute indication
sciemment inexacte me rend passible de congédiement immédial, si je et	
Date	

## UNITED NATIONS EDUCATIONAL SCIENTIFIC & CULTURAL ORGANISATION

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

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CLASSIF: \_\_GRADE:

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

SIÈGE : MAISON UNESCO

## APPLICATION FOR EMPLOYMENT DEMANDE D'EMPLOI

First Names Prénoms Former names (if any) Autres noms  2. Address (see note A) Adresse (voir note A)  Telephone Number: Home/Prive N° de téléphone: Business/au bureau  Date of birth Date de naissance  tograph 2 inches square. O back of photograph write you name and address and the year the picture was taken.  Attacher ici une photographi récente de 5 cm. de côté, Indiquer au dos votre adresse ell'année au cours de laquelle I photographie a été prise.  7. Citizenship now accordin to passport (See note B) Nationality at birth Date de naissance Nationalité à la naissance Nationalité à la naissance		DEMANDE D'EMPLOI	
Address (see note A) Adresse (voir note A)  Telephone Number: Home/Prive  N* de téléphone: Business/au bureau  Date of birth Date de naissance  Date of naissance  Sex:  Sex:  Sex:  Sex:  Sex:  Sex:  Single Married Widowed Célibataire Marié(e)  Single Married Widowed Indiquez le nombre de personnes qui sont entièrement à votre charge, autres que votre époux (ou épouse):  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):  Oive the name and address of your next of kin, i.e., the person who should be notified in the case of accident, seriou illness or death Indiquez le nome t l'adresse de votre plus proche parent, c'est-à-dire de la personne à prévenir en cas d'accidents, d'mame Nom  Address Addresse Talephone Number N* de téléphone  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 examine par un médécin?	1.	Nom de famille (En majuscules)  First Names  Prénoms  Former names (if any)	
No de téléphone: Business/au bureau  Date of birth  Date de naissance  Sexe:  Date of birth  Date de naissance  Date of birth  Date of birth  Date de naissance  Date of birth  Date of bi	2.	Adresse (voir note A)	récente de 5 cm. de côté, Indiquer au dos votre adresse et l'année au cours de laquelle la
Date de naissance    Sex:   9. Marital Status: (Cross out what does not apply)	3.		······
Sex:  Sex:  Sex:  Sex:  Sex:  Situation conjugale: (Biffer la mention inutile):  Single Married Wildowed Reliationship Degré de parenté  Célibataire Mariè(e)  Date of birth Date de naissance  Cive the name and address of your next of kin, i.e., the person who should be notified in the case of accident, seriou illness or death Indiquez le nome et l'adresse de votre plus proche parent, c'est-à-dire de la personne à prévenir en cas d'accidents, d'maladies graves ou de décès.  Name  Nom  Address  Addresse  Telephone Number  N° de téléphone  What is your present state of health?  Quel est votre état de santé actuel?  What is your present state of health?  Are you, willing to be examined by a doctor if required Consentez-vous à vous fairc éventuellement examine par un médecin?	4.		rant au passeport (Voir
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 Degré de parenté Date of birth Date de naissance  Coive the name and address of your next of kin, i.e., the person who should be notified in the case of accident, seriou 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	3.	Sex:    does not apply)   wife   Situation conjugale: (Biffer la mention inutile):   la fe	e or husband ionalité et nom de naissance de emme ou du mari
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, d maladies graves ou de décès.  Name Nom Address Adresse Telephone Number N° de téléphone 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 fairc éventuellement examine par un médecin?	1,	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 é Relationship	poux (ou épcuse) :
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 examine par un médecin?		Illness or death Indiquez le nom et l'adresse de votre plus proche parent, c'est-à-dire de la personne à maladies graves ou de décès. Name Nom	prévenir en cas d'accidents, de
Quel est votre état de santé actuel?  Consentez-vous à vous faire éventuellement examine par un médecin?	ų.	N° de téléphone	
		Quel est votre état de santé actuel?  Consentez-vous à vou par un médecin?	s fairc éventuellement examiner

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.

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sant la Défense nationale).  (a) Present position.		
Poste actuel.	4	
Dates of service: from to Dates de service: de la	Title of your position Quel est votre poste actual ?	1
Name and address of employer Nom et adresse de l'employeur		
ind of business		
lumber and category of employees you supervised lombre et catégories d'employés placés sous vos rdres		7
(b) Previous positions. Postes précédemment occupés.		
Dates of service: from to to to the dates de service: de service: de dates de service:	Title of your position Quel était votre poste?	introduction
Name and address of employer Nom et adresse de l'employeur	Salary: starting Traitement: de début	final
Cind of business Genre de travail Jumber and category of employees you supervised		and the second of the second o
lombre et catégories d'employés placés sous vos rdres	10	mana ayaa ya Mara waa ya San iya ka
Reasons for leaving ndiquez pourquoi vous avez quitté ce poste		
Dates of service : from to	Title of your position	
Dates de service; de à .  Jame and address of employer  Jom et adresse de l'employeur.	Quel était votre poste?  Salary: starting  Traitement: de début  Duties and responsibilities	linal final
Kind of business Jenre de travail Jumber and category of employees you supervised Jombre et catégories d'employés placés sous vos	Fonctions et attributions	·
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The second secon	ronctions et tesponsaonnes	
Kind of business Genre de travail  Number and category of employees you supervised Nombre et catégories d'employés placés sous vos		The second
rdres Reasons for leaving		

20.	Arc you subject to military service? Pouvez-yous être appelé au service militaire? Can you be recalled for national service of any kind? Etes-yous 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.
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22.	Have you officially to our communicating with your present employer?
23.	Avez-vous des objections à ce que nous nous mettions en rapport avec votre employeur actuel?  Are you willing to travel?  Etes-vous disposé à vous déplacer?  If so, indicate whether  Dans l'affirmative, indiquer si vous pouvez vous déplacer:
	oceasionally
24,	oceasionally de temps frequently frequentment constantly constantly de temps en temps frequented frequentment frequently frequentment constantly constamment 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)
	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?
	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).
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	f, 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. J reconnais que toute indication sciemment inexacte me rend passible de renvoi immédiat, au cas où je serais engagé.
	Date
TON	(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 vous faites adresser votre courrier (s celle-ci est différente).
	(B) If your citizenship now is different from your nationality at birth, give on an attached sheet the date an 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 formulair à quelle date et dans quelles circonstances vons avez acquis votre nationalité actuelle.

ECONOMIC COOPERATION ADMINISTRATION
WASHINGTON B. D. C.

OFFICIAL BUSINESS

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PAYMENT OF POSTAGE, \$350

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AENT	7. LEGAL OR VOTIN	NG RESIDENCE (State)	8. (A) OFFICE PHONE	(B) HOM	E PHONE		-		POINTS (TENT.)	
ANNOUNCEMENT	9. DATE OF BIRTH	(month, day, year)		10.	MARRIEO				POINTS	
ANNO	11. PLACE OF BIRTH	(city and State; if	born outside U. S	., name	SINGLE city and country)				WIDOW DISAL.	
	12. MALE	13. (A) HEIGHT WITHO	OUT SHOES:	(B) WE	IGHT:				BEING INVES-	
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NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	<del> </del>	REAS	SON FOR LEAVING					
DESCRIPTION OF YOUR WORK		!						
If more space is required, use a continuation sheet (Standdress, date of birth, and examination title. Attach t			eet of paper th	c same size	as this pag	e. Write o	n each sheet	your name,
17. MILITARY TRAINING: In the space below, describe and the Armed Services (not already listed under Item appointing officers in placing you most effectively.	y training red 16) that wou	ceived in of	training receive any special ser es may be used	vice echools	you atten	ded is espec	ailed informs	tion regard- ant. (Extra
DATES LOCATION	daleate actual	amount pag	es may be used	DESCRIPTION				
18. EDUCATION. (Circle highest grade completed):		(A) GIVE NAME	AND LOCATION O	F LAST HIGH	SCHOOL ATTI	ENDED		
1 2 3 4 5 6 7 8 9 10  MARK(X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY C	11 12 OMPLETION OF:	(B) SUBJECTS S	STUDIED IN HIGH S	SCHOOL WHIC	H APPLY TO	POSITION DES	SIRED	
	MAJOR	DATES A	TTENDED	YEARS CO	OMPLETEO	DEGREES	S CONFERRED	SEMESTER
(C) NAME AND LDCATION OF COLLEGE OR UNIVERSITY	SPECIALTY	FROM	то	DAY	NIGHT	TITLE	DATE	HOURS
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS		LIST YOUR CI	HIEF GRADUA	TE COLLEGE	SUBJECTS		SEMESTER HOURS
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY (	OURSES GIVEN				DATE	ES ATTENDED	l vers	RS COMPLETED
THROUGH THE ARMED FORCES INSTITUTE (show name a of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATI	nd location	SU	BJECTS STUDIED		FROM	T		
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES    READING   SPEAKING   EXC.   GOOD   FAIR   EXC.   GOOD   EXC.   EXC.   EXC.   GOOD   EXC.   EXC.	UNDERST'NG EXC. GOOD FAIR	FESSION (a	OW OR HAVE YOU E  UCH AS pilot, el  NO GIV  OR CERTIFICATE (	/E KIND OF L	adio opera	tor, teach		
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNT (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPE (3) REASON OR PURPOSE (e. g., military eszvice, busi tion, recreation)	NT THERE, AND	23. GIVE ANY S  (A) YDUR M  (B) YOUR P  (C) PUBLIC	E OR CERTIFICATE PECIAL QUALIFICA MDRE IMPORTANT ATENTS OR INVEN SPEAKING AND PL RSHIP IN PROFESS	(YEAR): TIONS NOT CO PUBLICATIONS TIONS IBLIC RELATIONS	S ( <b>do not</b> ac ONS EXPERIEI	ubmit copi NCE	R APPLICATION as unless re-	SUCH AS:
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND E CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTIL ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESS	TH, COMPTOM-		S AND FELLOWSHII					
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING S	HORTHAND							

your quelifications and fitness for the position for which you are  FULL NAME		P.	RESENT BU	SINESS OR HOME ADDI	RESS		USINESS OR OCC	IIPATION	
FULL NAME	(Give com	plete c	urrent e	ddress, including s	treet and nur	nber)	James OR OCC		
•									
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLU	MN YES	NO.		ATE "YES" OR "NO" AN				YES N	0
5. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING HARACTER, QUALIFICATIONS, ETC.7.			OR MUI	YOU AN OFFICIAL OR EI NICIPALITY? Dur answer is "Yes	MPLOYEE OF ANY	STATE, TERRITO	DRY, COUNTY,		
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UN	ITEO	1	36. DOE	S THE UNITED STATES	SOVERNMENT EM	PLOY IN A CIVIL	IAN CAPACITY		
7. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMU			OR HAV	ATIVE OF YOURS (BY E LIVED WITHIN THE PA	AST 24 MONTHS?				
ARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		-	relativ (4) De	our answer is "Yes e (1) full name; ( partment or Agano	2) present ade by by which a	dress; (3) re. mployed, ar	lationship; nd (5) kind		
8. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORI ZATION?			of app	ointment. PECIAL INSTRUCTI				NCE	_
9. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZAT	TION,		1 A. I	von ere claiming t	reference as a	PEACETIM	IE VETERAL	V who h	as
ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH COCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNM	ENT.		A WA	werded a cempaign or as the WIFE OF R OR CAMPAIG	N VETERAN	attach Vet	eran Preferen	ce Clair	m
DR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINA' DF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPRO' THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERS	VING		CSC F	orm 14, together wit you ere a WAR-T	th proof specifi IME VETERA	ed therein. N not claimi	ing disability	preferenc	ce.
HEIR RIGHTS UNGER THE CONSTITUTION OF THE UNITED STATES OR OF S NG TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNI	CON-		be teot	ould NOT submit you atively credited to appointing officer i	you and if app prior to entry	oioted, you w	vill be required	d to subm	nit
TITUTIONAL MEANS?	tate	-	tion fro	m ective service in	the ermed force	es of the Uni	ted States in t	ime of we	er.
n Itam 39 the names of all such organizations, association oversents, groups, or combination of persons and dates	ns,			WERE YOU EVER IN THE				123	10
nembarship. Give completa details of your activit herein and maka any explanation you dasira ragard our membarship or activities therein.	ing		(B)	S THE WORD "HONOR	ABLE" OR THE W	ORD "SATISFA	CTORY" USED		
0. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDIC	TEO.		OISCHA	R DISCHARGE OR SEPA RGE OR SEPARATION?					
OR SUMMONEO INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEED OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR F	IAVE		(C) MILITAI	WAS SERVICE PERFORM RY PAY AND ALLOWAND	EO ON AN ACTIVE	FULL-TIME BAS	SIS, WITH FULL		
/OU EVER BEEN OROERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VI "ION OF ANY LAW, POLICE REGULATION OR OROINANCE (EXCLUCING MI FRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS	INOR		(D) DA	TE OF ENTRY OR ENTRIE	ES INTO SERVICE	DATE OF SEPA	ARATION OR SE	PARATIONS	>
MPOSED)?  If your answer is "Yea," list all such cases under Item celow. Give in each case (1) the date; (2) the nature of			BR	NCH OF SERVICE (A	Armu Navv	SERIAL NO. (	if nona, giv	o denda	-
flense or violation; (3) the name and location of the cou	urt;		M	arina Corps, Coast	Guard, etc.)	rating at	time of sap	aration).	
f) the penalty imposed, if any, or other disposition of ase. If appointed, your fingerprints will be taken.	the					<u>†</u>		YES	NO.
II. HAVE YOU EVER BEEN OISCHARGED, OR FORCED TO RESIGN, FOR MISC OUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?			DURING	IF YOU SERVED IN THE PEACETIME ONLY, DID	YOU PARTICIPAT	E IN A CAMPAIC	GN OR EXPEDI-		
If your answer is "Yes," give in Itam 39 the name address of employer, data, and reason in each case.	and			ID RECEIVE A CAMPAIG			######################################		
2. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISS	SION		If so	ARE YOU A DISABLED ' , and you have no 3, explain in Itam	t listed your		n answer to		
FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMEN  If your answer is "'Yes," give dates of and reasons uch debarment in Item 39.	for			ARE YOU A VETERAN'S		S NOT REMARE	RIE0?		
		-		ARE YOU THE WIFE OF					
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABII WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	9 80		DISABIL	THIS SPACE FO				Y	
that consideration can be given to your physical fitness the job.	for		The i	nformation containe					тi-
4. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DIST		-	fied by	comparison with the	discharge cert	ficate on		, 19	
DE COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PEN: DR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yas," giva complete details in Itam 3									
). SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate i		bers to	Agency which			Title:			
M NO			ITEM NO.						
······································									
If more space is required, use paper the same size as this pa	ge Weite	00.00	h sheet	our name address	late of high	nd examination	on title Atta	ch to ion	ide
this application.									
Before signing this application check back over I CERTIFY that the statements made by me and belief, and are made in good faith.	it to ma	ake su pplica	re that tion ar	you have answe true, complete	red ALL qu, and correct	estions corr t to the be	rectly. st of my k	nowlede	zе
alse statement on this application is punishable by Law (U. S. Code.	GNATURE			Γ					
is punishable by Law (U. S. Code, Title 18, Section 80).	arrive Onle			me in INK (one giv				If fema	le,

#### **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

	Name: (last)	Mr. (One g	iven name, and	initial or	initials)	
INSTRUCTIONS		Mrs. Miss				
I. TYPEWRITE OR PRINT IN INK.	Legal or voting residence: (State)	Date of	birth: (Mont	b, day, y	ear)	Date reg.
2. Answer fully ALL itema	Title of examination (as given on ex	ramination ann	puncement):			Anno. No.
INSIDE THE HEAVY	Place of written test (City, State):	Date of writte (Month, day,		eation:	Appl. No.	
LINES on each of these carda.	Option	Grade	Ratii	ng, includir reference		
3. Do not sep- arate the ae cards. Fold at perforations					5 point (tent.) 10 poiot (disab.) Wife or widow Dis- allowed	
only.		<u> </u>			090 F	WWW 5001 B Man 1047
(Fold here)	EXAMINATION RECORD	1				orm 5001-B—May 1947
pref.)	Leg. Ree. A Grade	Option	Anno. No.		Appl. No.	
Name: (Last)		ame, and initia	l or initials)		Date of h	irth: (Month, day, year)
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City, Zone, and State:					will accep	
Title of examination (a	s givên in examination ennouncemen	t)—include apt	tion, if any—			□3 to 6 □6 to 12
Would you be willing	to work If you would accept tain locations, list	acceptable loca	in only cer-	the Fede	now emplo eral Govern f so, compl	yed by
In Washington, D.  Anywhere in the United States?	c.?	.,4444	.+==========	Title of position		*****************
Outside the United States?				present		
		Date reg.		Agency bureau r establish	end or	Service, grade)
				Address		
			REGISTER	CARD	CSC 1	Form 5001-C-May 1947
(Fold here)						
	Name: (Last) Mr. Mrs. Miss	(One given na	ame, and init	íal ur init	ials)	
	Legal or voting residence: (State)	Date of	birth: (Mont	h, day, y	ear)	Date received
	Title of examination (as given in examination)	amination anno	uncement):			Anno. No.
	Option, if any (as given in announce ment):	Date of year)	this applicati	nn: (Mo	nth, day,	

#### 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.

CSC Form 5001-ABC May 1947

GPG 16-47410-3

### (APPLICANT WILL NOT FILL IN THESE BLANKS)

Cert, No.	Dete	Position and Salary	Service end Locality	Action
Cert. No.	7,916			
	1			

Citizenship Proof Certificate of		T WILL	NOT FILL Issued by	IN TE	HESE E	BLANKS)	Cour
At			On		Proc	of returned	
Military Preferen Kind of proof		of returned	Enlisted	Disch	arged	Service	Organization
Date Appointed	Selection Approved	<u> </u>	Position		Salary	Cert. No.	Service
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	FORM 57—NOV. 1947 SERVICE COMMISSION APPLICATION FOR FE	DERAL EMPL	OYMENT			APPRDVAL EX NOV. 30, 1948	
eation, an write or p examinati	CTIONS: In order to prevent delay in consideration of your appliance every question on this form clearly and completely. Typerorint in INK. In applying for a specific United States Civil Service on, read the examination announcement carefully and follow all I you are applying for a WRITTEN examination, follow the	If you are applying to the office named any other forms re	admission card reging for an UNWRITTE in the announcemed of unred by the announcement of any change in	EN examin t. Be sur ncement.	ation, ma e to mail Notify th	il this applies to the same of	ation office
	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR			T WRITE		BLOCK	
NO.	2. OPTION(S) (if mentioned in examination announcement)  3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)   4. DATE O	F THIS APPLICATION	APPOR.	MATERIAL SUBMI		ENTERED REGI	STER:
APPLICATION			NON-APPOR.	RETUR	APP. REV	iEW:	
APPLI	5. MR. (First name) (Middle) (Maiden, if any) MRS. MISS  6. (A) STREET AND NUMBER OR R. D. NUMBER	(Last)					
	0. (A) STREET AND NUMBER OR K. D. NUMBER			1	APPROVE		
	(B) CITY OR POST OFFICE (including postel xons) AND STATE		OPTION	GRADE	EARNED RATING	PREFER- ENCE	AUGM. RATING
ENT	7. LEGAL OR VOTING RESIDENCE (State) 8. (A) OFFICE PHONE (B) HOME	PHONE		-		POINTS (TENT.)	
NCEM	9. DATE OF BIRTH (month, day, year) 10.	MARRIED				- POINTS WIFE	
ANNOUNCEMENT	11. PLACE OF BIRTH (city and State; if born outside U. S., name of	SINGLE city and country)				- OR WIDOW	
*						DISAL.	
	12. MALE 13. (A) HEIGHT WITHOUT SHOES: (B) WEIGHT MITHOUT SHOES: (B) WEIGHT MITHOUT SHOES:	GHT: POUNDS		-		- INVES-	
	YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO. GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE		INITIALS AND DATE				
NOTE. Acc will not aff (C) IF YOU 16. EXPERIEN below in au appointing c qualification present posi you perform Experience s	TIF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  TO 3 MONTHS	religious, civic, wel either with or with and weeks per year experience should be (a) If you were e that shown in Item	fare, or organization out compensation, sir in which you were described in the stever employed in any not took the name used.	al activity howing the e engaged baces below on, give	which you make in such you in its punder a	ou have perfor of hours per activity. M roper sequence name differen	ormed, r week lilitary re. t from
If your duti	ou are applying may be summarized in one or more of the blocks, es changed materially while working for the same employer, use clock to describe each position. You may include any pertinent	(b) If you have	never been employ ce provided below fo	ed or are	now ur Position	employed, in	ndicate
DATES OF EM	PRESENT PLOYMENT (month, year)   EXACT TITLE OF YOUR PRESEN		ASSIFICATION GRADE	(if   SALAF	Y OR EAR	NINGS:	
FROM:	TO PRESENT TIME		in Federal Service)	START PRESE	TING, \$	PEI PEI	_
PLACE OF EMP	PLOYMENT (city and State)	NAME AND TITLE OF I	MMEDIATE SUPERVISOR				
name and at	DRESS OF EMPLOYER (firm, organization, or person; if Federal, partment, bureau or establishment, and division)	KIND OF BUSINESS C manufacture of	OR ORGANIZATION (e. g	., wholes	ale silk,	insurance a	gency,
NUMBER AND	KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR DESIRING	TO CHANGE EMPLOYN	IENT			
DESCRIPTION	OF YOUR WORK						
-40ha							
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REASON FOR LEAVING
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MBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING  SCRIPTION OF YOUR WORK

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NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAV	VING '			
DESCRIPTION OF YOUR WORK						
		<del></del>				
f more space is required, use a continuation sheet (St address, date of birth, and examination title. Attach	andard Form No.	. 58) or a sheet of pape	r the same size as this pa	ge. Write on eac	h sheet you	ır name,
7. MILITARY TRAINING: In the space below, describe a the Armed Services (not already listed under Item	ny training receiv	ved in of training rec assist ing any special	reived, such as hours per l service schools you atte used to give full description	oded is especially		
DATES LOCATION  FROM TO	indicate actual as	mount pages may be I	DESCRIPTION OF TRAINII			
1000						
		·			·	
18. EDUCATION (Circle highest grade completed):		(A) GIVE NAME AND LOCATION	ON OF LAST HIGH SCHOOL AT	TENDED	· · · · · · · · · · · · · · · · · · ·	/
1 2 3 4 5 6 7 8 9 10		(B) SUBJECTS STUDIED IN H	IGH SCHOOL WHICH APPLY TO	POSITION DESIRED		
	MAJOR	DATES ATTENDED	YEARS COMPLETED	DEGREES CON	FERRED	SEMESTER
(c) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SPECIALTY	FROM TO	DAY NIGHT	TITLE	DATE	CREDIT
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECT	S SEMESTER HOURS	LIST YOU	JR CHIEF GRADUATE COLLEGE	SUBJECTS	************	SEMESTER HOURS
E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY	COURSES GIVEN		na:	res attended	I VEADS C	OMPLETED
THROUGH THE ARMED FORCES INSTITUTE (show name of achool) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVAT	and location	SUBJECTS STUD	FROM	1	DAY	NIGHT
	•••					
FOREIGN LANGUAGES FAIR EXC. 6000 FAIR EXC. 6000 FAIR			OU EVER BEEN A LICENSED OR t, electrician, radio oper GIVE KIND OF LICENSE AND	ator, teacher, la		
0. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUN (1) NAMES OF COUNTRIES. (2) DATES AND LENGTH OF TIME SF	TRIES, INDICATE	TRST LICENSE OR CERTIFICA ATEST LICENSE OR CERTIFI				
(3) REASON OR PURPOSE (e. g., military service, bus	iness, educa-	(A) YOUR MORE IMPORT	FICATIONS NOT COVERED ELSE ANT PUBLICATIONS (do not a	WHERE IN YOUR APP aubmit copies ut	LICATION SU	CH AS:
tion, recreation)		(B) YOUR PATENTS OR II (C) PUBLIC SPEAKING AN	NVENTIONS ND PUBLIC RELATIONS EXPERI	ENCE		
tion, recreation)  21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND CAN USE. SUCH AS OPERATION OF SHORT-WAYE RADIO, MULTI ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFES	LITH, COMPTOM-	(C) PUBLIC SPEAKING AN	ND PUBLIC RELATIONS EXPERI FESSIONAL OR SCIENTIFIC SO			

FULL NAME	(Give com		PRESENT BUSINESS OR HOME ADDRESS current address, including street and number)  BUSINESS OR OCCUPATION
3.		,	
3.			
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COL	LUMN YES	ND	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN YES NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING	G YOUR		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY,
CHARACTER, QUALIFICATIONS, ETC.7.  26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE U	<del></del>		OR MUNICIPALITY?  If your answer is "Yes," give details in Item 39.
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE U			36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE
27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMM PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?	IUNIST		OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) presant address; (3) relationship; (4) Department or Agency by which employed, and (5) kind
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST OF ZATION?			SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE
29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZ/ ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICE VOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERN OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBIN PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPR THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PEI THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF MOST TO A THE WORLD STATES OF OR THE OWNER OF THE UNITED STATES OR OR MOST TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OR OR	ATION, CH AD- NMENT, NATION ROVING FRONS F SEEK-		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 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 aubmit to the appointing officer prior to entry on duty, official evidence of separa-
STITUTIONAL MEANS?  If your answer to question 27, 28, or 29 above is "yes," and tem 39 the names of all such organizations, associate the state of the second data.	state tions,		tion from active service in the armed forces of the United States in time of wer.    YES   NO
nembership. Give complete details of your activ herein and make any explanation you desire regar our membership or activities therein.	vities rding		OURING 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
O. SINCE YOUR 15TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDI OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCES	EDING,		DISCHARGE OR SEPARATION?
OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE !! I'ON OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING !! TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LES MPOSED)?	VIOLA- MINOR SS WAS		MILITARY PAY AND ALLOWANCES?  (D) DATE OF ENTRY OR ENTRIES INTO SERVICE   DATE OF SEPARATION OR SEPARATIONS
MFUSEON	m 39 f the ourt;		BRANCH OF SERVICE (Army, Navy, Merine Corps, Coast Guard, atc.)  SERIAL NO. (if none, giva grade o rating at time of saparation).
1. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MIDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?  If your answer is "Yes," give in Item 39 the name ddress of employer, date, and reason in each case.			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?
2. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMI ROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINT ME If your answar is "Yes," give dates of and reasons uch debarment in Item 39.	ISSION ENTS?		(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?
	30.054	-	(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED
13. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISAE WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK!			THIS SPACE FOR USE OF APPOINTING OFFICER ONLY  The information contained in the answers to Question 37 above has been veri
4. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DIS IF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PE IR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?.	ENSION		fied by comparison with the discharge certificate on
If your anewer is "Yes," give complete details in Item 9. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate		bers to	Agency: Title:
EM NO			ITEM NO.
			ch sheet your name, address, date of birth, and exemination title. Attach to insid
	e it to m	ike sur	ure that you have answered ALL questions correctly.

#### 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,

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

3M-2-48-G.

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

MUrray Hill 2-4000

IMPORTANT! The More Things You (Check (V) All the F	Can Do, the Quicker Not Collowing that You A		Statt		Res No.	
Name Please Folk, Edith C	Telephone Plug Board	Dictaphone Ediphone Stenotype	\$.65			
Street Address 935 Madison Ave Apt.b.	Size	· -	-Words per minute	e		
City & New Yor K 21. N. Y.	Underwood	Languagas water	rman, Trenc	h.		
Billing Machine Calculating Machines	A. C. Smith		Classificatio	on (Leave b		R
Moon-Hopkins Dalton Computing	Noiseless	Bookkeeping Full Charge			By	
Remington-Wahl Burroughs Felt & Tarrant Compt	Full Charge	Assistant	Tempor	arv	Date	
Bookk'p'g Machines Miscellaneous	Will you pay for	a telegram or E	Education (Give name			ended)
Elliot Fisher Graphotype	an out of town pho	one call?	High School <b>Sirls.</b>			
Ellis (transit) Multigraph	Home Tel		College Evening E			1100
National Cash Reg  Hollerith Key Punch	Business Tel Neighbor's Tel	***************************************	pecial			
	<u> </u>				home?No	
Age.3.6Date of Birth7/5Height5ft EXPERIENCE—Give an accurate ch	ronological stateme	Married?	s von have held ein	If not, wit	h whom? Fr.	end.
Line of Business Name and Address of Company		Dates of Service	1	. 1	eason for Leav.	ing
See: Resume War Tept. Overseas	Govt.	45-48	See: Resume \$5	600-059	continu	ed.
See: Resume Office Of Censorship		43-455	e Resume \$ 3	000- Wa	repred	rsea
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DATE CALLED RESULT DATE SENT	CI	LIENT		ORDER NO.	REMARK	s
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(OVER)

	I Authorize you to Ref		(FILL IN ONLY IF FIRM	S ARE STILL IN BU	8 9	I Authorize you to Refer To:— NEXT TO LAST EMPLOYER					
Firm Name			Firm Name	61A1363)	NEXT TO LAST EMPLOTER						
	Addresa			Address							
	Addresa			Address							
	Who Employed You	His Title	Telephone No.	Who Employed You	His Title	Telephone No.					
	Position Held		No. of Office Employees There Beaides Yourself	Position Held		No. of Office Employees There Besides Yourself					
	In Space below, give nat you, as ref	nes of three persons erences. At least one Name	REFERENCES who have known you for the preference should be able to you	ast two years and who ch for your business a	are not related to	What Influenced You to Apply Here for a Position? (Fill in proper answer)					
	Mrs.B. WRET		935 Mad	ison Ave,	N.y.C.	1. I saw your "Ad" In the following newspaper.					
	Mrs.E. HUN	TER	9 Risley	Place Ne	w Rochelle.	neps.i.s.mes					
	mr. W. Pun		185 ma's	lison Ave	N. Y. C.	(a) by an employer (b) by a friend 3. You placed me before.					
				F	le No						
	THIS IS YOU	JR AGREEMEN	T WITH US WHICH C	ONFORMS WITH	THE NEW YO	RK STATE LAWS					
		-	READ IT CAREFULLY								
	Coutlemen : I hereby	enlicit vour cervices	and in consideration of your a	ccenting my application	on and for the profess	sional aid you may bonds to					
E Z	Gentlemen: I hereby solicit your services and in consideration of your accepting my application and for the professional aid you may render majesting 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 a 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 a strictly confidential. If I should divalge 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 fall service charge.										
S	you gave me tae tatoria.		F SERVICE CHARGES AND I		ONT APPEAR BELOW	V:					
00	It is understood that the fees listed below apply only to the total salary or income computed for my first (let) full year										
REY	employment, or any fraction thereof, that I may be employed.  EMPLOYMENT Under \$2500.00  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 first three weeks of employment regardless of when or how my salary is paid to me.										
BEFO	Per Year \$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									
7			xamplea: Computed Yearly			•					
ן ו			Salary	Rate	Fee						
Fυ			\$2500.00	2.5%	\$ 62.50						
RE			\$2600.00	2.6%	67.60						
٧ ()			\$2750.00 \$2800.00	2.75% 2.8%	75.63 78.40						
-			\$3000.00	3%	90,00						
_			\$4500.00	4.5%	202.50, etc.						
A	\$5000.00 Per Year and Up	Five per cent. (5%	() of the total computed first y	ear'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 employed will be added to such other salary or income as I receive in computing my total salary, wages or income above described.											
ב	TEMPORARY For a temporary position the fees shall be 10% of the total amount of carnings I receive, but not more than the fee for EMPLOYMENT permanent position at a like salary.										
3	I FULLY UNDERSTAND AND AGREE in connection with these terms:										
1. 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 strict confidential.											
2. 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 atart von a given date.											
7	3. That my engagement "On Trial" in connection with a permanent position does not alter the permanent position charges applying thereto.										
A	4. In the event 1 accept employment and fail to report for work, or in the event 1 leave said employment of my own accord within one week, your fee shall be one-half the maximum rate as above scheduled.										
ב	5. 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 maximu rate above acheduled.										
15 40	6. 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 auch employment is secured at any time within one year from the date on which I obtain an information or interview through the Executive Service Corporation.										

7. 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 nuthorize 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 4 9

Social Security No.

Edists' C. Talff.
Applicant's Full Joine