

AR 5994 1/8

548/6

✓ Employment Applications - undated, 1943-1948

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

This space for U. S. Civil Service Commission

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

This space for agency use: _____

This space for U. S. Civil Service Commission: _____

To U. S. Civil Service Commission: _____

1. Name of examination, if any, or name of position applied for: _____ AV. _____

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): _____
 .. Appor. _____
 .. Nonappor. _____

4. -- Mrs. Edith Carrie Falk
 -- Miss (First name) (Middle) (Maiden, if any) (Last)
 O. S. _____
 Gr. _____
 E & E. _____
 P & D. _____
 Int. _____

5. Gr. "A" 7742 C. C. D. - EUCON.
 (R. D. or street and number)
A. P. O. 407 - U. S. ARMY
 (City or post office, and State)

6. Date of birth (month, day, year): 5 July 1911 7. Age last birthday: 36 8. Date of this application: _____

9. Legal or voting residence: New York, N. Y. 10. Telephone numbers: Munich military: 2328
 State (Residence phone) (Business phone) Ext. 04

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

12. Height, with out shoes: 5 ft. 1 in. 150 lb.

13. Where were you born? Mittlenberg, Germany. (Town) (State or country)

Preference: Allowed Veteran Disability Wife Widow Disallowed Closed

Adm'd exam. _____
 Approved by _____
 Exam. date _____
 Not. Ra. _____
 Date Rec. _____
 .. Material att'd _____
 .. Material filed _____
 .. Indian. _____
 .. Material ret. _____

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

21. (a) Dept. of Army, Gr. "A" 7742 C. C. D. - EUCON, A. P. O. 407 - U. S. ARMY, Munich, Germany (Telecom. Dept.)
 (b) from 23 April 1945 to October 1947
 (Month) (Year) (Month) (Year)

Print or type your name here as in Item 4

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

Titles of examinations	Examined in what cities	Month and year	Ratings

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

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

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

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

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

If not, have you ever been licensed?

Give kind of license and State

Earliest license (year)

Most recent license (year)

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

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

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

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

PRESENT POSITION

Place: Munich, Germany (War Dept.) Exact title of your position: Chief Censor Salary: Starting, \$2200. -
 From: 23 April 45 to October 19 47 Telecommunications Dept. Per year: Finol. \$5181. -
 Name of employer: War Dept. - Gr. #A 7742 Duties and responsibilities: Confidential and Secret Work
C.C.D. - EULOM. Telecom. Dept. Liaison with various departments, user agencies field-
A. P. C. 407 - U.S. Army teams, special assignment units, etc. Writing, editing &
Telecommunication Dept. compiling of memoranda, special reports, issuing of
Analysts, Training Instr. Tel. Rec. Clerks special bulletins dealing with specified subjects.
Mr. Bela Gumpfny. Preparation & delivery of lecture series in staff
Chief, Telecom. Dept. capacity advising and employment in key administrative
Mr. Bela Gumpfny. positions of secretariat interpretation
Mr. Bela Gumpfny. of requirements, drafting, etc. Maintaining
Mr. Bela Gumpfny. of training needs, arranging for maintenance, to be

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

Place New York City, N.Y.
From Sept. 1943 To April 1945
Name of employer Federal Government
Office of Censorship
Address 242 Seventh Ave
New York City, N.Y.
Kind of business or organization: Postal Dept.
Editorial Unit.
Number and class of employees you supervised Appr. 20, writers
and supervisors
Name and title of your immediate supervisor Miss Gerda
Mueller

Reason for leaving Employment with
War Dept. over seas.

Place New York City, N.Y.
From Oct. 1936 To Sept. 1943
Name of employer: E. M. Gruenstein
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. Delia
Gruenstein
Reason for leaving Employment with
Office of Censorship.

Place New York City, N.Y.
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 1933 To July 1935
Name of employer: Dr. André Porcheron
Address 9 Rue Gambetta
Le Havre, Ste. Infre.
Kind of business or organization: Doctors Office
Number and class of employees you supervised

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

Reason for leaving Emigration to
U.S.A.

Exact title of your position Translator - P.A.C. Salary: Starting, \$ 1800.-
Supervisor Editorial Unit Per year Final, \$ 2190.-
Duties and responsibilities Editing, translating and
Compiling of classified reports.
Teaching and training functions while
temporarily attached to Training
School. Indoctrination and
interviewing of new employees.
Giving of examinations, grading of
examination papers. Starting
of entire new section (Editorial
Unit) within the Office of Censorship.
Machines and equipment you used Confidential and Secret
Work.

Exact title of your position Private Tutor - Salary: Starting, \$
Kindergarten Teacher. Per Final, \$
Duties and responsibilities Teaching of Kindergarten
work and elementary subjects.

Exact title of your position Kindergarten Salary: Starting, \$
Teacher Per Final, \$
Duties and responsibilities Teaching of Kindergarten
Work.

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.

Duties & Responsibilities: Teacher.

Teaching of German and
of elementary subjects.

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

Business & Name of employer:

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

Duties & Responsibilities:

Visiting with Cousin
at time of arrival in
New York.

Place & Date: Mittenberg, Germany.

Business & Name of employer

Karl FALK
317 Hauptstrasse

Duties & Responsibilities:

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

Place & Date

Business & name of employer

Duties & Responsibilities

Place & Date

Business & name of employer

Duties & Responsibilities

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

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

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

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

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

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

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

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

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

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

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

45. Space for detailed answers to other questions

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

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

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

Reference paragraph 41(b)

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

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

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

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

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

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

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

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

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

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

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

Title of examinations	Examined in what cities	Month and year	Rating

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

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

Name and location of school	Date attended		Years completed		Degrees conferred		Semester hours credit
	From	To	Day	Night	Title	Date	
(b) College or university							
(c) Other Finishing school Kindergarten seminar							

(d) List your four chief undergraduate subjects	Semester hr.	List your four chief graduate subjects	Semester hr.

33. Indicate your knowledge of foreign languages:

Language	FFAD		SFFAR		INDEF. LANG.	
	Ex.	Good Fair	Ex.	Good Fair	Ex.	Good Fair
German						
French						

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

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

Full name	Address (Give complete address, including street and number)	Business occupation
Mr. H. Gruenstein	412 Park Ave - Apt. 11	Real Estate
Miss Eliza ...		
Miss Hilda ...		
Mr. H. K. ...		
Miss K. ...		

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

37. EXPERIENCE In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held. Do not count for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your dates and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

PRESENT POSITION	Place	State	Exact title of your position	Salary
	From	October 1936	N. Y.	Kindergarten-Governess
Name of employer	Mrs. Mrs. B.M. Gruenstein		Duties and responsibilities: Complete physical and educational supervision of 2 girls - teaching of Kindergarten work and using recreational activities, assisting in school home work - all responsibilities relating to emotional welfare.	
Address	970 Park Ave - Apt. 9N			
Name and title of your immediate supervisor	Mrs. B.M. Gruenstein			

Place New York N. Y.
 From Sept. 1935 To Sept. 1936
 Name of employer: Mrs. H. R. Bretter
 Address 1400 Broadway
9c Bretter & Levine
 Kind of business or organization: Private Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor: Mrs. H. R. Bretter
 Reason for leaving: Financial Betterment

Exact title of your position: Governess-Nurse Salary Starting, \$ 45 per Month
plus Board Lodging Per Final, \$
 Duties and responsibilities: Availability 5 1/2 hours daily
July 35 - Sept. 35 Cousin's House
S. Albert 760 Grant Concourse
 Machines and equipment you used

Place Le Havre France
 From July 1933 To July 1935
 Name of employer: Dr. Andre Poucheron
 Address Rue de la Gare
 Kind of business or organization: Doctor's Office & Private Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving: Emigration to U.S.

Exact title of your position: Intern Salary Starting, \$
Doctor's Assistant Per Final, \$
 Duties and responsibilities: Taking care of 2 boys in
hospital, supervising staff,
administration of doctor's office.
Relatives in Stuttgart
& Berlin - Dr. & sister of
Mother not heard from since
start of war. whereabouts unknown.
 Machines and equipment you used: Hugo Hirsch
London since 1910
married (no child)

Place Berlin Germany
 From July 1930 To March 1931
 Name of employer: A. J. Heindel
 Address 21 Bielefeldstr.
 Kind of business or organization: Chr. Home
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving: Advent of Hitlerism
Economic collapse

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

Place _____ (City) _____ (State)
 From _____ 19____ To _____ 19____
 Name of employer
 Address
 Kind of business or organization
 Number and class of employees you supervised
 Name and title of your immediate supervisor
 Reason for leaving

Exact title of your position _____ Salary Starting, \$
 Per Final, \$
 Duties and responsibilities
 Machines and equipment you used

APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

This space for U. S. Civil Service Commission

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

This space for agency use:

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

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

5. **970 Park Ave. Apt. 911**
 (R. D. or street and number)

New York 28, N. Y.
 (City or post office, and State)

6. Date of birth (month, day, year): **July 5, 1911**

7. Age last birthday: **32**

8. Date of this application: **Dec. 31, 1943**

9. Legal or voting residence: State **New York**

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

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

12. Height, without shoes: **5** ft. **0** in. Weight: **145** lb.

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

O. S. _____
 Gr. _____
 E & E. _____
 P & D. _____
 Ini. _____

Preference: Allowed—
 Veteran.
 Disability.
 Wife.
 Widow.
 Disallowed.
 Closed.

Adm'd exam. _____
 Approved by _____
 Exam. date _____
 Not. Ro. _____
 Date Reg. _____
 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 foreign-born, documentary proof of citizenship. Documents will be returned.	X		22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: Army. Navy. Marine. Coast Guard. Date		X
19. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.		X	(b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: Veteran. Disabled. Wife of disabled veteran. Widow of disabled veteran.		X
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.		X	23. Have you registered under the Selective Service Act? If so, give address and number of local board. If classified, give your classification. Your order number.		X
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45.		X	24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization. (b) Are you now on active duty?		X
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.		X	25. Give number of persons completely dependent on you, other than husband or wife.		X
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: Occasionallly. Habitually. To excess.		X	26. Would you accept short-term appointment? 6 months. 3 months. 1 month.		X
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45.		X	27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences. (b) Would you accept appointment outside the United States? Give locations acceptable: Europe (France) (Germany-Spain-Italy etc.) (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.		X
21. Are you NOW employed by the Federal Government? (a) If so, Office of Censorship, New York, N. Y. (b) If you now are or have ever been so employed, give dates: from Sept. 7, 1943 to _____, 19____.	X		28. What is the lowest entrance salary you will accept? \$1090. per year. You will not be considered for positions paying less.		X
			29. If you are willing to travel specify: Occasionallly. Frequently. Constantly.		X
			30. How much notice will you require to report for work? 1 week.		X

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

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

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

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

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

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

33. Indicate your knowledge of foreign languages.

	READ			SPEAK			UNDERSTAND		
	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair
German	✓			✓			✓		
French		✓			✓			✓	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reason for leaving: Financial betterment

Place Le Havre France
 From July 1933 To July 1935

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

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

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

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

Place Berlin Germany
 From July 1930 To November 1932

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

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

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

Reason for leaving: Avoidance of Hitlerism Economic Collapse

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

Duties and responsibilities: Complete physical and educational supervision of 2 girls. Teaching of Kindergarten work and using recreational activities, assisting in school home work. All responsibilities relating to emotional well-being. Teaching of Music, Sports etc.

Machines and equipment you used

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

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

Machines and equipment you used

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

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

Machines and equipment you used

Exact title of your position: Teacher Salary: Starting, Mark 65.-
 Per Month Final, \$ 85.-

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

Machines and equipment you used

CONTINUATION SHEET

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

Fill in this form only when necessary for completion 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.

1. Title of examination (if submitted as an application for same):
 2. Date of birth: (Month, day, and year) July 5, 1911
 3. Applicant's first, middle, and last names, and full address: Edith Carrie Falk, 970 Park Ave, New York.

Place <u>Bronx N.Y.</u> <u>N.Y.</u> From <u>July</u> , 19 <u>35</u> To <u>September</u> , 19 <u>35</u> Name of employer: <u>S. Albert</u> Address: <u>760 Grand Concourse</u> <u>Bronx N.Y.</u> Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor	Exact title of your position _____ Salary: Starting, \$ _____ Per _____ Final, \$ _____ Duties and responsibilities <u>Visiting with Cousin at time of arrival in New York.</u>
---	--

Reason for leaving _____ Place <u>Miltenberg</u> <u>Germany</u> From <u>Nov.</u> , 19 <u>32</u> To <u>July</u> , 19 <u>33</u> Name of employer: <u>Karl Falk</u> Address: <u>317 Hauptstrasse</u> <u>Miltenberg-on-the-Main</u> Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor	Machines and equipment you used _____ Exact title of your position _____ Salary: Starting, \$ _____ Per _____ Final, \$ _____ Duties and responsibilities <u>Staying at Parents Home.</u>
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Reason for leaving _____ Place _____ From _____, 19____ To _____, 19____ Name of employer: Address: Kind of business or organization: Number and class of employees you supervised Name and title of your immediate supervisor	Machines and equipment you used _____ Exact title of your position _____ Salary: Starting, \$ _____ Per _____ Final, \$ _____ Duties and responsibilities
---	--

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

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

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

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

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

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

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

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

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

SKILL _____ SKILL _____

SKILL _____ SKILL _____

Words per minute in typing 30 stenography German

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

43. State what kind of work you prefer
Personnel Work-Relief/Rehabilitation
Propaganda-Research, Radio, New Paper

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

45. Space for detailed answers to other questions:

Item No.	Write in left column numbers of items to which detailed answers apply
38	I am employed at the present time by the Federal Government.
41	Brother: Rudolf Falk Berlin-Germany childrenburg, Anhalt-Germany as member of Semitic Race - not a blood from German - it is Polish. Affected since childhood with Infantile Paralysis whereabouts unknown since 1939 - believed to be deceased.
41	Uncle: J. H. Hinson living in London since 1910 England
41	Brother & Sister of my stepmother living in Huttgart and Berlin-Germany whereabouts unknown since 1939

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

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

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

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

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

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

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

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

(Signature of officer) _____
(Official title) _____

PERSONAL HISTORY STATEMENT

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

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

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

A. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT OF A FOREIGN NATION AS A CIVILIAN YES NO

IF YES, GIVE NATION OF SERVICE:

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

LOCATION (City and Country) REASON FOR TERMINATION

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

DATE (From - To)	EMPLOYED AS	LOCATION OF EMPLOYMENT

REASON FOR TERMINATION

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

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

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

JOB TITLE Chief Censor, CAF-9 DOES POSITION INVOLVE HANDLING CLASSIFIED MATERIAL, IF YES, GIVE CLASSIFICATION

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

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

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

37. MILITARY HISTORY

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

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

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

PERIOD OF SERVICE (From-To)	ARM OR SERVICE

HIGHEST GRADE ATTAINED	SERIAL NUMBER	DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> W/O SPECIFICATION <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> TRF TO AMERICAN ARMED FORCES
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38. FOREIGN COUNTRIES VISITED OR OVERSEAS DUTY

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

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

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

40. CREDIT REFERENCES (Give three)

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

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

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

42. FATHER

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

LIVING DECEASED IF DECEASED, GIVE DATE

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

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

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

OCCUPATION AND PRESENT EMPLOYER: **Not Known**

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

51. **FORMER SPOUSE**

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

52. **CHILDREN**

SEX	NAME	AGE	FULL ADDRESS	OCCUPATION

53. **DEPENDENTS**

SEX	NAME	RELATIONSHIP	AGE	DEGREE OF DEPENDENCY

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

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

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

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

19 Sept. 1947
DATE

Edith C. Falk
SIGNATURE

WITNESS

REMARKS

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for agency use:

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

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

Edith Carrie FALK

Print or type your name here as in Item 4

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

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

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

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

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

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

33. Indicate your knowledge of foreign languages.	READ			SPEAK			UNDERSTAND			34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	
German	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			If not, have you ever been licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
French		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		Give kind of license and State

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

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

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

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

PRESENT POSITION	Place	From (Month) 19 (Year)	To (Month) 19 (Year)	Exact title of your position	Salary: Starting	Per year Final
	Munich, Germany. (War Dept.)	23 April 45	November 47	Chief Censor, Telecom. Dept.	\$2603	\$4187
	Gr. "A" 7742 CCD, EUCOM, APO 407 US ARMY, Munich, Germany.			Management, Liaison with various depts., user agencies, field teams, special assignment units. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative & operating supervisory positions of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files reference & library material, etc.		

DO NOT WRITE IN THIS SPACE

Place <u>New York, N.Y.</u> From <u>Sept. 1943</u> To <u>April 1945</u> Name of employer <u>Federal Govt.</u> <u>Office of Censorship</u> Address <u>242 Seventh Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Postal Dept.</u> <u>Editorial Unit</u> Number and class of employees you supervised <u>appr. 25, writers and supervisors.</u> Name and title of your immediate supervisor <u>Mrs. Elsa Hunter</u> <u>Chief, Editorial Unit</u> Reason for leaving <u>Employment with War Dept. overseas (Transfer)</u>	Exact title of your position <u>Translator, Supervisor, Editorial Unit</u> Salary: Starting, \$ <u>1800.</u> Per year Final, \$ <u>2190.</u> Duties and responsibilities <u>Confidential & secret work. Translating, editing & compiling of intelligence reports. Teaching & training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section within the Office of Censorship. (Editorial Unit)</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Oct. 1926</u> To <u>Sept. 1943</u> Name of employer <u>B.M. Gruenstein</u> Address <u>97A Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Delia Gruenstein</u> Reason for leaving <u>Employment with Office Of Censorship.</u>	Exact title of your position <u>Private Tutor, Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work and elementary subjects.</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Sept. 1935</u> To <u>Sept. 1936</u> Name of employer <u>H.R. Bretter</u> Address <u>1400 Broadway</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter.</u> Reason for leaving <u>Financial Betterment.</u>	Exact title of your position <u>Kindergarten Teachers</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work.</u> Machines and equipment you used
Place <u>Le Havre, France</u> From <u>July 1933</u> To <u>July 1935</u> Name of employer <u>Dr. Andre Porcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France.</u> Kind of business or organization: <u>Doctors Office.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Dr. A. Porcheron.</u> Reason for leaving <u>emigration to U.S.</u>	Exact title of your position <u>Teacher & Doctors Assistant/Secretary</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of German. Assistant & secretary to French Doctor, also doing interpreting for German-speaking patients.</u> Machines and equipment you used

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

Edith Carrie FALK.

37. Experience (cont'd)

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

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

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

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

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

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

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

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

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

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

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? Yes No
If so, for each relative show under Item 45 the (1) name, (2) relationship, (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37 such as operation of short-wave radio, multith, key-punch, turret-lathes, or scientific or professional devices.
SKILL SKILL
SKILL SKILL
Words per minute in typing stenography
Do you have a license to operate an automobile? Yes No

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

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

45. Space for detailed answers to other questions

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

If more space is required, use a sheet of THIN paper, size 8 x 10 3/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

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

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

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

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

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

Edith Carrie FALK.

37. Experience (cont'd)

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

Dr. J. Steinberg
21 Zehlendorferstrasse

Kind of business:
Boarding School.

Duties & Responsibilities: Teacher.

Teaching of German, Music,
Sports & elementary subjects.

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

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

Duties & Responsibilities:

Visiting with Cousin
at time of arrival in
New York.

Place & Date: Miltenberg, Germany.

Business & name of employer

Karl FALK
317 Hauptstrasse

Duties & Responsibilities:

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

Place & Date

Business & name of employer

Duties & Responsibilities:

Place & Date

Business & name of employer

Duties & Responsibilities:

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for agency use.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRESENT POSITION	Place	Exact title of your position	Salary: Starting
	<u>Munich, Germany (War Dept.)</u>	<u>Chief Censor</u>	<u>263.-</u>
	From <u>23 April 1945</u> to <u>Oct. 1947</u>	<u>Telecom. Dept.</u>	Per year Final, <u>5187.-</u>
	Name of employer: <u>Gr. "A" 7742 CCD, -EUCOM.</u>	Duties and responsibilities: <u>Confidential & secret work. Personnel Management, liaison with various depts., user-agencies field teams, special assignments units. Writing, editing & compiling of recurrent & special reports. Issuing of bulletins dealing with specified subjects. Preparation & delivery of lectures. Serving in a staff capacity advising new employees in key administrative & supervisory positions (operating) of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files, reference & library material.</u>	
	Address: <u>APG 407 -US ARMY, Munich</u>		
	Kind of business or organization: <u>Telecommunications Dept.</u>		
	Number and class of employees you supervised: <u>Reviewers, Rel. Rec. Analysts, Rel. Rec. Clerks, Train. Instr.</u>		
	Name and title of your immediate supervisor: <u>Mr. Bela Zemplyny, Chief, Telecom. Dept.</u>		

DO NOT WRITE IN THIS SPACE

Place <u>New York, N.Y.</u> From <u>Sept. 11, 1943</u> To <u>April 19, 1945</u> Name of employer <u>Federal Govt.</u> Office Of Censorship Address <u>242 Seventh Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Postal Dept.</u> <u>Editorial Unit</u> Number and class of employees you supervised <u>Appr. 25, writers and supervisors.</u> Name and title of your immediate supervisor <u>Mrs. Elsa Hunter, Chief, Editorial Unit</u> Reason for leaving <u>Employment with War Dept. overseas.</u>	Exact title of your position <u>Translator, Supervisor</u> Salary: Starting, \$ <u>1800.-</u> <u>Editorial Unit.</u> Per <u>year</u> Final, \$ <u>5187x2190.-</u> Duties and responsibilities <u>Confidential and secret work. Translating, editing and compiling of intelligence reports Teaching and training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section (Editorial Unit) within the Office Of Censorship.</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Oct. 1936</u> To <u>Sept. 1943</u> Name of employer <u>B.M. Gruenstein</u> Address <u>970 Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Delia Gruenstein</u> Reason for leaving <u>Employment with the Office of Censorship.</u>	Exact title of your position <u>Private Tutor, Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work and elementary subjects.</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Sept. 1935</u> To <u>Sept. 1936</u> Name of employer <u>H.R. Bretter</u> Address <u>1400 Broadway</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter.</u> Reason for leaving <u>Financial Betterment.</u>	Exact title of your position <u>Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work.</u> Machines and equipment you used
Place <u>Le Havre, France.</u> From <u>July 1933</u> To <u>July 1935</u> Name of employer <u>Dr. Andre Porcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France.</u> Kind of business or organization: <u>Doctors Office.</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>r. A. Porcheron.</u> Reason for leaving <u>Emigration to U.S.</u>	Exact title of your position <u>Teacher & Doctors Assistant/Secretary.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of German. Assistant and secretary to French doctor, also doing interpreting for German speaking patients.</u> Machines and equipment you used

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 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. Steinberg
21 Zehlen dorferstrasse
Kind of Business:
Boarding School.

Reason for leaving: Economic
Collapse, Advent of Hitlerism.

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

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

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

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

Place & Date: Mittenberg, Germany.

~~Business & name of employer:~~

Karl Falk
317 Hauptstrasse.

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

Place & Date

Business & name of employer

Duties & Responsibilities:

Place & Date

Business & name of employer

Duties & Responsibilities:

38. Do you hold any position or office under any State, Territory, county, or municipality? Yes No
If so, give details under Item 47

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) from the U. S. Government under any retirement Act? Yes No
If so, give details under Item 47

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

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

If so, indicate which by marking the appropriate space, and show under Item 45 for each: (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship, and (if not U. S. naturalized, date of naturalization).

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

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

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

SKILL SKILL

SKILL SKILL

Words per minute in typing stenography

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

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

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

45. Space for detailed answers to other questions

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

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

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

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

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

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

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

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

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

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for agency use.

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

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

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

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

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

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

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

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

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

33. Indicate your knowledge of foreign languages.	READ			SPEAK			UNDERSTAND			Yes No
	Exc.	Good	Fair	Exc.	(Good)	Fair	Exc.	(Good)	Fair	
<u>German</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
<u>French</u>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

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

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

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

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

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

PRESENT POSITION	Place	Exact title of your position	Salary: Starting, \$
	<u>Munich, Germany (War Dept.)</u>	<u>Chief Censor,</u>	<u>2603.-</u>
	<u>From <u>23 April 45</u> to <u>October 47</u></u>	<u>Telecom. Dept.</u>	<u>Per year Final, \$5187.-</u>
	<u>Name of employer: <u>Gr. "A" 7742 CCL, APO 407 US ARMY</u></u>	<u>Duties and responsibilities: <u>Confidential & secret work, Personnel management, Liaison with various depts., user-agenc. field teams, special assignment units, writing, editing & compiling of recurrent & special reports, Issuing of bulletins dealing with specified subjects, Preparation & delivery of lectures. Serving in a staff capacity & advising new employees in key administrative & operational supervisory positions of correct interpretation of requirements, directives, ascertaining training needs and arranging for such training to be given. Keeping of informational files, reference & library material, etc.</u></u>	
	<u>Address: _____</u>		
	<u>Kind of business or organization: <u>telecommunications Dept.</u></u>		
	<u>Number and class of employees you supervised: <u>Reviewers, Rel. Rec. analysts, Rel. Rec. Clerks, Train. Instr.</u></u>		
	<u>Name and title of your immediate supervisor: <u>Mr. Bela Zempleny</u></u>		
	<u>Chief, Telecom. Dept.</u>		

DO NOT WRITE IN THIS SPACE

Place <u>New-York, N.Y.</u> From <u>Sept. 1933</u> To <u>April 1945</u> Name of employer <u>Federal Govt.</u> Office of Censorship Address <u>242 Seventh Ave</u> <u>New York City, N.Y.</u> Kind of business or organization: <u>Postal Dept.</u> <u>Editorial Unit</u> Number and class of employees you supervised <u>appr. 25, writers, and supervisors.</u> Name and title of your immediate supervisor <u>Mrs. Elsa Hunter</u> <u>Chief, Editorial Unit</u> Reason for leaving <u>Employment with War Dept. overseas.</u>	Exact title of your position <u>Translator, Supervisor, Editorial Unit</u> Salary: Starting, \$ <u>1800.-</u> Per <u>year</u> Final, \$ <u>2190.-</u> Duties and responsibilities <u>Confidential and secret work. Translating, editing and compiling of intelligence reports. Teaching and training functions while temporarily attached to Training School. Interviewing and indoctrination of new Federal employees. Giving of examinations, grading of examination papers. Starting entire new section (Editorial Unit) within the Office of Censorship.</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Oct. 1936</u> To <u>Sept. 1943</u> Name of employer <u>B.M. Gruenstein</u> Address <u>97th Park Ave</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Belia Gruenstein</u> Reason for leaving <u>Employment with Office of Censorship.</u>	Exact title of your position <u>Private Tutor</u> Salary: Starting, \$ Kindergarten Teacher, Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work and elementary subjects.</u> Machines and equipment you used
Place <u>New York, N.Y.</u> From <u>Sept. 1935</u> To <u>Sept. 1936</u> Name of employer <u>H.R. Bretter</u> Address <u>1400 Broadway</u> <u>New York, N.Y.</u> Kind of business or organization: <u>Private Home</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Mrs. Lillian Bretter</u> Reason for leaving <u>Financial Betterment.</u>	Exact title of your position <u>Kindergarten Teacher.</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of Kindergarten work.</u> Machines and equipment you used
Place <u>Le Havre, France</u> From <u>July 1933</u> To <u>July 1935</u> Name of employer <u>Dr. Andre Porcheron</u> Address <u>21 Rue Des Brindes</u> <u>Le Havre, France</u> Kind of business or organization: <u>Doctors Office</u> Number and class of employees you supervised Name and title of your immediate supervisor <u>Dr. Porcheron</u> Reason for leaving <u>Emigration to U.S.A.</u>	Exact title of your position <u>Teacher and Doctors Assistant/Secretary</u> Salary: Starting, \$ Per Final, \$ Duties and responsibilities <u>Teaching of German. Assistant and secretary to French doctor, also doing interpreting for German speaking patients.</u> Machines and equipment you used

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 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: Miltenberg, Germany
Business & Name of employer:
Karl Falk
317 Hauptstrasse

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

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

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

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

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

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

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

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

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

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

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

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

45. Space for detailed answers to other questions

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

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

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

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

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

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

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

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

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for Agency use:

1. Name of examination, if any; or name of position applied for: _____ 2. Place of examination (if a written test), or place of employment applied for: _____ (City and State) 3. Optional subject (if mentioned in examination announcement): _____	AV _____ This space for U. S. Civil Service Commission To U. S. Civil Service Commission Appor. _____ Nonappor. _____
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4. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Miss Edith Carrie FALK (First name) (Middle) (Maiden, if any) (Last) 5. Gr. "A" 7742 C.C.D. - Eucom. (R. D. or street and number) A.P.O. 407 - U.S. ARMY. (City or post office, and State)	O. S. _____ Gr. _____ E & E. _____ P & D. _____ Int. _____
6. Date of birth (month, day, year): 5 July 1911 7. Age last birthday: 36 8. Date of this application: 14 November 1947	Preference: _____ Allowed: _____ -- Veteran. _____ -- Disability. _____ -- Wife. _____ -- Widow. _____ -- Disallowed. _____ -- Closed. _____ Adm'd exam. _____ Approved by _____ Exam. date _____ Not. Re. _____ Date Rec. _____ Material aff'd _____ Material filed _____
9. Legal or voting residence: New York State: _____ 10. Telephone numbers: Munich (Residence phone) 2328/2321/2322 (Business phone)	11. (a) Check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female (b) Check one: <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced 12. Height, with out shoes: 5 ft. 1 in. Weight: 150 lb.
13. Where were you born? Miltenberg - Germany (Town) (State or country)	-- Indian. _____ -- Material ret. _____

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

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

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

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

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

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

Name and location of school	Dates attended		Years completed		Degrees conferred		Semester hours credit
	From	To	Day	Night	Title	Date	
(b) College or university <u>City College, New York</u>	<u>Oct. 4</u>	<u>June 44</u>		<u>X</u>			
(c) Other <u>Women's school of social sciences</u>	<u>1927</u>	<u>1928</u>					
<u>Kindergarten Seminar</u>	<u>1928</u>	<u>1929</u>					

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

33. Indicate your knowledge of foreign languages.

Language	READ			SPEAK			UNDERSTAND		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
<u>German</u>		<u>X</u>		<u>X</u>			<u>X</u>		
<u>French</u>		<u>X</u>			<u>X</u>		<u>X</u>		

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

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

Full name	Address (Give complete address, including street and number)	Business or occupation
<u>R. V. Hayter</u>	<u>H. D. C. C. E. Ewington, Army</u>	<u>Chief, Telecom. Section</u>
<u>H. F. ...</u>	<u>H. D. C. C. D. " "</u>	<u>Asst. Chief " "</u>
<u>E. ...</u>	<u>Gr. "A" 7742 C. C. D. A. P. O. 4-07</u>	<u>Chief, Telecom. Dept.</u>
<u>J. ...</u>	<u>" " " " " "</u>	<u>Chief, Main Station</u>
<u>J. ...</u>	<u>" " " " " "</u>	<u>Chief, I. & R. Dept.</u>

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

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

Place (City, State)	From (Month, Year)	To (Month, Year)	Exact title of your position	Salary: Starting, \$	Per year Final, \$
<u>Munich, Germany (4th Dept)</u>	<u>20 April 45</u>	<u>NOVEMBER 47</u>	<u>Chief-Liaison, Telecom. Dept.</u>	<u>Starting, \$2602.-</u>	<u>Final, \$5191.-</u>
Name of employer: <u>Gr. "A" 7742 C. C. D. - EUROM.</u>			Duties and responsibilities: <u>Conf. Secret. & R. Personnel Management. Liaison with various depts. U.S. Army. Field: Home etc. Writing, editing & compiling of recurrent special reports. Issuing of bulletins dealing with specific subjects. Preparation & delivery of lectures. Serving in a staff capacity advising a & employees in key administrative supervisory positions of correct interpretation of requirements, directives. Ascertaining training needs & arranging for such training to be given. Keeping of informational files, reference & library material.</u>		
Address: <u>H. P. O. 401 - U.S. Army (Munich)</u>			Kind of business or organization: <u>Telecom. communications Dept.</u>		
Number and class of employees you supervised: <u>Revisers, Kl. etc. 400</u>			Name and title of your immediate supervisor: <u>Mr. E. ... Chief, Telecom. Dept.</u>		

DO NOT WRITE IN THIS SPACE

Place New York, N.Y.
From Sept. 1943 To April 1945

Name of employer: Office of Censorship
Address: 242 - 7 Ave
New York City, N.Y.

Kind of business or organization: Editorial Unit
Number and class of employees you supervised: Appr. 25 writers and supervisors

Name and title of your immediate supervisor: Mr. Elsa Hunter
Chief, Editorial Unit
Reason for leaving: Employment with War Dept. overseas.

Place New York, N.Y.
From Oct. 1936 To Sept. 1943

Name of employer: S. N. Gruenstein
Address: 970 Park Ave
New York, N.Y.

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

Name and title of your immediate supervisor: Mrs. Delia Gruenstein
Reason for leaving: Employment with Office of Censorship.

Place New York, N.Y.
From Sept. 1935 To Sept. 1936

Name of employer: 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: Mrs. Lillian Bretter
Reason for leaving: Financial Betterment.

Place Le Havre, France
From July 1933 To July 1935

Name of employer: Dr. André Torcheron
Address: 21 Rue Des Brindes
Le Havre, France.

Kind of business or organization: Doctors Office
Number and class of employees you supervised:

Name and title of your immediate supervisor: Dr. A. Torcheron
Reason for leaving: Emigration to U.S.A.

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

Duties and responsibilities: Conf. + secret work. Translating, editing & compiling of intelligence reports, submitted by subordinates. Training + training position, while temporarily attached to Training School. Interpreting + interpretation of any Federal employes. Giving of examinations, grading of examinations.

Place New York, N.Y.
From Oct. 1936 To Sept. 1943

Name of employer: Private Home
Address: 970 Park Ave
New York, N.Y.

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

Name and title of your immediate supervisor: Mrs. Delia Gruenstein
Reason for leaving: Employment with Office of Censorship.

Place New York, N.Y.
From Sept. 1935 To Sept. 1936

Name of employer: 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: Mrs. Lillian Bretter
Reason for leaving: Financial Betterment.

Place Le Havre, France
From July 1933 To July 1935

Name of employer: Dr. André Torcheron
Address: 21 Rue Des Brindes
Le Havre, France.

Kind of business or organization: Doctors Office
Number and class of employees you supervised:

Name and title of your immediate supervisor: Dr. A. Torcheron
Reason for leaving: Emigration to U.S.A.

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Place New York, N.Y.
From Oct. 1936 To Sept. 1943

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

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

Name and title of your immediate supervisor: Mrs. Delia Gruenstein
Reason for leaving: Employment with Office of Censorship.

Place New York, N.Y.
From Sept. 1935 To Sept. 1936

Name of employer: 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: Mrs. Lillian Bretter
Reason for leaving: Financial Betterment.

Place Le Havre, France
From July 1933 To July 1935

Name of employer: Dr. André Torcheron
Address: 21 Rue Des Brindes
Le Havre, France.

Kind of business or organization: Doctors Office
Number and class of employees you supervised:

Name and title of your immediate supervisor: Dr. A. Torcheron
Reason for leaving: Emigration to U.S.A.

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

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

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

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

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

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

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

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

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

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

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

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

45. Space for detailed answers to other questions

Item No	Write in left column numbers of items to which detailed answers apply
1	Karl Falk
2	Esslingen, Germany
3	German
4	January 1912
1	Stepmother: Margarethe Falk
2	Maiden name: Hillb
3	Esslingen, Germany
4	German
5	January 1912

If more space is required use a sheet of THIN paper, size 8 x 10 3/4 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

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

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

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

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

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

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

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

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for agency use:

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

4. -- Mr. _____ -- Mrs. <u>Edith Carrie</u> -- Miss _____ (First name) (Middle) (Maiden, if any) (Last)	O. S. _____ Gr. _____ E & E. _____ P & D. _____ Ind. _____	
5. <u>Gr. "A" 7742 C. S. C. - EUCOM.</u> (R. D. or street and number) <u>A. P. O. 407 - U. S. ARMY</u> (City or post office, and State)		
6. Date of birth (month, day, year): <u>5 July 1911</u>	7. Age last birthday: <u>36</u>	8. Date of this application: <u>20 Nov. 1947</u>
9. Legal or voting residence: State <u>New York</u>	10. Telephone numbers: <u>Munich</u> (Residence phone) (Business phone) <u>Mil. 2328/2321/2322</u>	-- Preference: Allowed— -- Veteran. _____ -- Disability. _____ -- Wife. _____ -- Widowed. _____ -- Closed. _____ Adm'd exam. _____ Approved by _____ Exam. date _____ Not. Re. _____ Date Req. _____
11. (a) Check one: <input checked="" type="checkbox"/> Male (b) Check one: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	12. Height, with out shoes: <u>5</u> ft. <u>L</u> in. Weight: <u>150</u> lb.	-- Material alt'd _____ -- Material filed _____ -- Indian. _____ -- Material ret. _____
13. Where were you born? (Town) (State or country)		

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	Indicate "Yes" or "No" answer by placing X in proper column	Yes	No
14. Are you a citizen of the United States? <small>Unless otherwise instructed, naturalized citizens must submit along with this application, Naturalization Certificate; either foreign-born, documentary proof of citizenship. Documents will be returned.</small>	<input checked="" type="checkbox"/>		22. (a) Were you ever in the U. S. military or naval service? <small>If so, give branch of service and date of last discharge.</small> Army. Navy. Marine. Coast Guard. Date _____		<input checked="" type="checkbox"/>
15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? <small>If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.</small>		<input checked="" type="checkbox"/>	(b) Were all discharges granted under honorable condition? (c) Have you already established military preference with the Civil Service Commission? <small>If so, check kind of preference below.</small> Veteran. Disabled. Wife of disabled veteran. Widowed of veteran. <small>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.</small>		
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? <small>If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.</small>		<input checked="" type="checkbox"/>	23. Have you registered under the Selective Service Act? <small>If so, give address and number of local board.</small> <small>If available, give your classification. Your order number.</small>		
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? <small>If so, give complete details under Item 45.</small>		<input checked="" type="checkbox"/>	24. (a) Are you now a member of any branch of military or naval reserve? <small>If so, give name of organization.</small> (b) Are you now in active duty?		
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? <small>If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.</small>		<input checked="" type="checkbox"/>	25. Give number of persons completely dependent on you, other than husband or wife _____		
19. Within the past 12 months, have you used intoxicating beverages? <small>If so, specify.</small> Occasionally. Habitually. To excess.		<input checked="" type="checkbox"/>	26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 1 month		<input checked="" type="checkbox"/>
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? <small>If so, give name, address, relationship, and branch of service of each such relative under Item 45.</small>		<input checked="" type="checkbox"/>	27. (a) Would you accept appointment anywhere offered in the United States? <small>Give location preferences.</small>		<input checked="" type="checkbox"/>
21. Are you NOW employed by the Federal Government? (a) If so, <u>Telecom. Dept. - Gr. "A" 7742</u> <u>C. S. C. - EUCOM. A. P. O. 407</u> <small>(Department or agency) (Address)</small> (b) If you now are or have ever been so employed, give dates: <u>23 April 1947</u> to <u>4 November 47</u> <small>(Month) (Year) (Month) (Year)</small>	<input checked="" type="checkbox"/>		(b) Would you accept appointment outside the United States? <small>Give locations acceptable.</small>		<input checked="" type="checkbox"/>
			(c) Would you accept appointment in Washington, D. C.? <small>If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.</small>		<input checked="" type="checkbox"/>
			28. What is the lowest entrance salary you will accept? \$ _____ per _____ <small>You will not be considered for positions paying less.</small>		
			29. If you are willing to travel specify: _____ Occasionally <input checked="" type="checkbox"/> Frequently _____ Constantly _____		
			30. How much notice will you require to report for work? _____		

Place New York, N.Y.
From Sept. 1940 To April 1945

Name of employer: Office of Censorship
Address 428 - 1 Ave
New York, N.Y.

Kind of business or organization: Editorial Unit
Number and class of employees you supervised: approx. 25 writers and typists

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

Reason for leaving: Employment with War Dept. Overseas.

Exact title of your position: Supervisor, Editorial Unit and Translator. Salary: Starting, \$ 1900.- Per year Final, \$ 2190.-

Duties and responsibilities: Confidential and secret work. Translating, editing & compiling of intelligence reports. Training of trainees, especially those temporarily attached to training school. Instruction in maintaining of records. Federal security clearance of trainees. Supervision of Editorial Unit (within the Office of Censorship).

Machines and equipment you used

Place New York, N.Y.
From Oct. 1945 To Sept. 1946

Name of employer: J. M. Weinstein
Address 170 Park Ave
New York, N.Y.

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

Name and title of your immediate supervisor: Mr. Julia Weinstein

Reason for leaving: Employment with Office of Censorship.

Place New York, N.Y.
From Sept. 1935 To Sept. 1936

Name of employer: H. K. 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: Mrs. Lillian Bretter

Reason for leaving: Financial Betterment.

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

Duties and responsibilities: Teaching of kindergartens in New York and elementary subjects.

Machines and equipment you used

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

Duties and responsibilities: Teaching of kindergartens in N.Y.

Machines and equipment you used

Place La Havre, France
From July 1945 To July 1945

Name of employer: Dr. André Porhuron
Address 21 Rue Des Brindes
La Havre, France.

Kind of business or organization: Doctors Office.
Number and class of employees you supervised

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

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

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

Duties and responsibilities: Assistant and secretary to French doctor also doing interpreting for non speaking patients.

Machines and equipment you used

Machines and equipment you used

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

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

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

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

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

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

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

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

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

SKILL _____ SKILL _____

SKILL _____ SKILL _____

Words per minute in typing _____ : stenography _____

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

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

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

45. Space for detailed answers to other questions.

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

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

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

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

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

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

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

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

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

APPLICATION FOR FEDERAL EMPLOYMENT

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

This space for agency use:

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

4. Mr. Mrs. Miss Edith Corrie TALK (First name) (Middle) (Maiden, if any) (Last)	O. S.				
5. Co. "H" 7743 C. B. D. - EUROPE (R. D. or street and number)	Gr.				
H. P. O. 467 - U. S. ARMY (City or post office, and State)	E & E				
	P & D				
	Int.				
6. Date of birth (month, day, year): 5 July 1911	7. Age last birthday: 36	8. Date of this application: 1 December 1947	Preference: Allowed— .. Veteran. .. Disability. .. Wife. .. Widow. .. Disallowed. .. Closed.	Adm'd exam. Exam. date Not. Ra. Date Req.	Material filed
9. Legal or voting residence: State New York	10. Telephone numbers: Home 2326/2021/2323 (Residence phone) (Business phone)	11. (a) Check one: Male. Female. (b) Check one: Single. Married. Widowed. Separated. Divorced.	12. Height, with out shoes: 5 ft. 11 in. Weight: 150 lb.	.. Indian.	.. Material ret
13. Where were you born? (Town)					

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

Print or type your name here as in Item 4

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

Titles of examinations	Examined in what cities	Month and year	Ratings

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

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

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

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

33. Indicate your knowledge of foreign languages.	READ			SPEAK			UNDERSTAND			Yes No
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	

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

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

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

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

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

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

DO NOT WRITE IN THIS SPACE

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

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

1 Surname Nom de famille First Name Prénom usuel		other names autres prénoms		Attach in this space a recent photograph 2½ inches square. On back of photograph write your name and address and the year the picture was taken. Fixer ici une photographie récente de 38mm de côté. Indiquer au dos votre nom, votre adresse et l'année où la photographie a été prise.
2 Address Adresse		3 Telephone number No de téléphone		
4 Date of birth Date de naissance	6 Nationality at birth Nationalité à la naissance			
5 Place of birth Lieu de naissance		7 Nationality now Nationalité actuelle		
8 Sex: (strike out what does not apply) Sexe: (biffer la mention inutile)		9 Marital Status: (strike out what does not apply) Situation conjugale: (biffer la mention inutile)		10 Height Taille
Male Masculin Female Féminin		Single Célibataire Married Marié(e) Divorced Divorcé(e) Widowed Veuf(ve) Separated Séparé(e)		11 Weight Poids

12 Have you any dependants? Avez-vous des personnes à votre charge? If the answer is yes, state relationship and ages in space provided. Dans l'affirmative indiquer ci-contre le degré de parenté et l'âge.	Relationship Degré de parenté	Age Âge
.....		

13 Have you any known physical defects or disability? Etes-vous à votre connaissance, atteint d'un défaut physique ou d'une infirmité?	If answer to question 13, 14, or 15 is yes, give details: En cas de réponse affirmative aux questions 13, 14, ou 15, donner des détails:
14 Have you ever had a nervous breakdown? Vous est-il arrivé de souffrir de fatigue nerveuse?
15 Have you ever been discharged or forced to resign from any post? Vous est-il arrivé d'être congédié ou mis en demeure de démissionner d'un poste que vous occupez?

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

.....

NE RIEN ECRIRE A CET ENDROIT

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

<p><u>(a) Present position</u> Situation actuelle</p> <p>Dates of service to Dates a</p> <p>Name & address of employer Nom et adresse de l'employeur</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Kind of business Genre d'activité</p> <p>.....</p> <p>.....</p> <p>Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres</p> <p>.....</p> <p>.....</p>	<p>Title of your position Quelle est votre situation actuelle?</p> <p>.....</p> <p>Salary: starting final Traitement: de début final</p> <p>Duties and responsibilities Fonctions et responsabilités</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p><u>(b) Previous positions</u> Postes précédemment occupés</p> <p>Dates of service to Dates a</p> <p>Name & address of employer Nom et adresse de l'employeur</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Kind of business Genre d'activité</p> <p>.....</p> <p>.....</p> <p>Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres</p> <p>.....</p> <p>.....</p> <p>Reasons for leaving Indiquer pour quels motifs vous avez cessé d'occuper ce poste</p> <p>.....</p> <p>.....</p>	<p>Title of this position Quelle était votre situation?</p> <p>.....</p> <p>Salary: starting final Traitement: de début final</p> <p>Duties and responsibilities Fonctions et responsabilités</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p><u>(c) Previous positions</u> Postes précédemment occupés</p> <p>Dates of service to Dates de service a</p> <p>Name and address of employer Nom et adresse de l'employeur</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Kind of business Genre d'activité</p> <p>.....</p> <p>.....</p> <p>Number and category of employees you supervised Nombre et catégories d'employés placés sous vos ordres</p> <p>.....</p> <p>.....</p> <p>Reasons for leaving Indiquer pour quels motifs vous avez cessé d'occuper ce poste</p> <p>.....</p> <p>.....</p>	<p>Title of this position Quelle était votre situation?</p> <p>.....</p> <p>Salary: starting final Traitement: de début final</p> <p>Duties and responsibilities Fonctions et responsabilités</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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UNITED NATIONS APPLICATION FOR EMPLOYMENT—Supplementary Sheet
NATIONS UNIES DEMANDE D'EMPLOI—Feuille Supplémentaire

Record of Employment (continued)

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

Postes occupés (suite)

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

Surname
Nom de famille

First Name
Prénom usuel

other names
autres prénoms

Address
Adresse

(d) Previous positions
Postes précédemment occupés

Dates of service to
Dates de service à

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

Kind of business
Genre d'activité

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

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

Title of this position
Quelle était votre situation?

Salary: starting final
Traitement: de début final

Duties and responsibilities
Fonctions et responsabilités

(e) Previous positions
Postes précédemment occupés

Dates of service to
Dates de service à

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

Kind of business
Genre d'activité

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

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

Title of this position
Quelle était votre situation?

Salary: starting final
Traitement: de début final

Duties and responsibilities
Fonctions et responsabilités

UNITED NATIONS EDUCATIONAL
SCIENTIFIC & CULTURAL ORGANISATION

HQ. UNESCO HOUSE, 19, Avenue, Kleber, Paris-16^e

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

SIÈGE : MAISON UNESCO

APPLICATION FOR EMPLOYMENT
DEMANDE D'EMPLOI

OFFICE USE ONLY

CLASSIF: GRADE:

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

First Names

Prénoms

Former names (if any)

Autres noms

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

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

2. Address (see note A)

Adresse (voir note A)

3. Telephone Number: Home/Privé

N° de téléphone: Business/au bureau

4. Date of birth

Date de naissance

5. Place of birth

Lieu de naissance

6. Nationality at birth

Nationalité à la naissance

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

Nationalité actuelle figurant au passeport (Voir note B)

8. Sex:

Sexe:

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

Situation conjugale: (Biffer la mention inutile):

Single Married Widowed

Célibataire Marié(e) Veuf/ve

10. Nationality and name at birth of wife or husband

Nationalité et nom de naissance de la femme ou du mari

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

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

Relationship

Date of birth

Degré de parenté

Date de naissance

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

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

Name

Nom

Address

Adresse

Telephone Number

N° de téléphone

13. What is your present state of health?

Quel est votre état de santé actuel?

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

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

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

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

16. EDUCATION
ETUDES

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

College or University Etudes supérieures	From De	To A

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

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

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

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

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

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

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

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

(a) Present position.

Poste actuel.

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

(b) Previous positions.
Postes précédemment occupés.

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

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

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

Use additional pages if necessary.

Ajoutez des pages supplémentaires en cas de besoin.

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

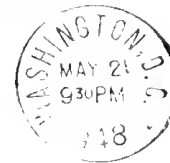
29. I, the undersigned, certify that the statements made by me above are full and true to the best of my knowledge and belief. I understand that any wilful misstatement renders me liable to instant dismissal, if employed.
 Je, soussigné, certifie que les déclarations faites par moi ci-dessus sont, à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

Date _____ Signature _____

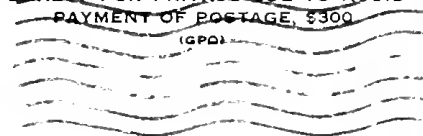
- NOTES (A) Give your permanent address, and also the address at which mail will reach you, if this is different.
 Indiquez votre adresse permanente, ainsi que l'adresse à laquelle vous vous faites adresser votre courrier (si celle-ci est différente).
- (B) If your citizenship now is different from your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

ECONOMIC COOPERATION ADMINISTRATION
WASHINGTON 25, D. C.

OFFICIAL BUSINESS



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



ECONOMIC COOPERATION ADMINISTRATION

WASHINGTON

21 May 1948

FPL II, 4-48

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

Dear Miss Falk:

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

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

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

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

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

Thanking you for writing, I am,

Sincerely,

PAUL G. HOFFMAN

Administrator for Economic Cooperation

Enclosure

INSTRUCTIONS

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

Name (Last) _____ Mr. _____ Mrs. _____ Miss _____		Date of birth (Month, day, year) _____		Date reg. _____
Legal or voting residence (State) _____		Title of examination (as given on examination announcement) _____		Anno. No. _____
Place of written test (City, State) _____	Date of written test or application (Month, day, year) _____	Appl. No. _____		
Option _____	Grade _____	Rating, including preference		
		<input type="checkbox"/> 5 point (rent) <input type="checkbox"/> 10 point (travel) <input type="checkbox"/> Wife or widow <input type="checkbox"/> Disallowed		

EXAMINATION RECORD CARD

CSC Form 5001-B—May 1947

(Fold here)

Rating (incl. pref.) _____	Prof. <input type="checkbox"/> 10 <input type="checkbox"/> 5 (tent.)	Eng. Req. <input type="checkbox"/> A <input type="checkbox"/> N	Grade _____	Option _____	Anno. No. _____	Appl. No. _____
----------------------------	---	--	-------------	--------------	-----------------	-----------------

Name (Last) _____ Mr. _____ Mrs. _____ Miss _____		Date of birth (Month, day, year) _____	
Address (Street, P. O. box, or R. D. number) _____		Telephone No. _____	
City, Zone, and State: _____		What is the lowest rate of pay you will accept? \$ _____ per _____ (Dollars) (Year, month, day, hour)	
Title of examination (as given in examination announcement)—include option, if any— _____		Check if you will accept short term appointment for: <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months	
Would you be willing to work Yes <input type="checkbox"/> No <input type="checkbox"/>	If you would accept appointment in only certain locations, list acceptable location: _____		Are you now employed by the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, complete the following:
In Washington, D. C. <input type="checkbox"/>	Title of your position _____		Date reg. _____
Auxiliary in the District of Columbia <input type="checkbox"/>	Your present grade _____		Agency and Bureau or establishment _____
Outside the United States <input type="checkbox"/>	_____		Address _____

REGISTER CARD CSC Form 5001-C—May 1947

(Fold here)

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

PENDING RECORD CARD

CSC Form 5001-A—May 1947

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

Instructions:

Read the examination announcement carefully.

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

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

CSC Form 5001-ABC
May 1947

GPO 16-47419-3

(APPLICANT WILL NOT FILL IN THESE BLANKS)

Certificate Record:

16-47419-2 GPO

Cert. No.	Date	Position and Salary	Service and Locality	Action

(APPLICANT WILL NOT FILL IN THESE BLANKS)

Citizenship Proof: Certificate of _____ Issued by _____ Court _____

At _____ On _____ Proof returned _____

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

Date Appointed	Selection Approved	Position	Salary	Cert. No.	Service

Remarks:

16-47419-2 GPO

APPLICATION FOR FEDERAL EMPLOYMENT

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

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

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

UNITED NATIONS



NATIONS UNIES

LAKE SUCCESS, NEW YORK • FIELDSTONE 7-1100

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

14 May 1948

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

Dear Miss Falk:

Thank you for your recent letter.

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

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

Yours truly,

A handwritten signature in cursive script, appearing to read "W. P. Barrett".

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

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

EXECUTIVE SERVICE CORPORATION (Agency)

W. GAIL CAMP
President

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

Murray Hill 2-4000

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

EXECUTIVE SERVICE CORPORATION (Agency)

W. GAIL CAMP
President

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

Murray Hill 2-4000

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

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

Telephone 65 - 65 - 65 per week.
 Dictaphone Ediphone
 Plug Board Stenotype
 Size
 Monitor " STENOGRAPHY—Words per minute.
 Typewriter TYPEWRITING " " "

Underwood Languages you can translate German, French.
 Remington
 Royal
 A. C. Smith
 Oliver
 Noiseless Bookkeeping
 Filing Full Charge
 Full Charge Assistant
 Assistant Posting only

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

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

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

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

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

Line of Business	Name and Address of Company	Employed by	Dates of Service	Duties	Salary	Reason for Leaving
<u>See Resume</u>	<u>War Dept. Overseas</u>	<u>Govt.</u>	<u>45-48</u>	<u>See Resume</u>	<u>\$5600.</u>	<u>Org. was discontinued.</u>
<u>See Resume</u>	<u>Office of Consularship</u>	<u>"</u>	<u>43-45</u>	<u>See Resume</u>	<u>\$3000.</u>	<u>Transferred to War Dept. Overseas.</u>
3						
4						
5						

DATE CALLED	RESULT	DATE SENT	CLIENT	ORDER NO.	REMARKS

5 6 8 9 10 12 15 | 5 6 8 9 10 12 15
 I Authorize you to Refer To:— LAST EMPLOYER (FILL IN ONLY IF FIRMS ARE STILL IN BUSINESS) I Authorize you to Refer To:— NEXT TO LAST EMPLOYER

Firm Name			Firm Name		
Address			Address		
Who Employed You	His Title	Telephone No.	Who Employed You	His Title	Telephone No.
Position Held		No. of Office Employees There Besides Yourself	Position Held		No. of Office Employees There Besides Yourself

REFERENCES

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

Name	Address
Mrs. E. WRETHOLM	435 Madison Ave, N.Y.C.
Mrs. E. HUNTER	9 Risley Place, New Rochelle.
Mr. W. DUKE	185 Madison Ave, N.Y.C.

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

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

File No. _____

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

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

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

SCHEDULE OF SERVICE CHARGES AND METHODS OF PAYMENT APPEAR BELOW:

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

EMPLOYMENT Under \$2500.00 Per Year
 An amount equal to the first full week's salary or income to be paid to you in three installments, one-third each week for the first three weeks of employment regardless of when or how my salary is paid to me.

\$2500.00 to \$4999.99 Per Year
 A percentage of the computed first full year's salary or income equal to one one-thousandth (0.001) thereof. The fee so computed is to be paid to you in four installments, one-fourth each week for the first four weeks of employment regardless of when or how my salary is paid to me.

Examples: Computed Yearly

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

\$5000.00 Per Year and Up
 Five per cent. (5%) of the total computed first year's salary or income to be paid to you in four equal installments, as above.

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

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

I FULLY UNDERSTAND AND AGREE in connection with these terms:

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

FURTHERMORE in the event I default in any of my payments as they become due, I authorize you to request 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 40
 Witnessed By _____

Edith C. Falty
 Applicant's Full Name

Social Security No. _____