

EMPLOYMENT

Name, Address and Phone Number Of Employer	From	To	Monthly Salary	Position	Supervisor	Reason For Leaving
<i>self-employed</i>	<i>10/62</i>	<i>Present</i>				
<i>Mr. Sylvester MacNaughton 5625 Hamels, Dallas</i>	<i>9/53</i>	<i>10/62</i>	<i>175/mo</i>	<i>Geologist</i>	<i>C.B. Ronch Phil Porter</i>	<i>Reduced personnel due to reduced workload</i>
<i>Continental Oil Company 1137 Wilshire, Los Angeles</i>	<i>4/50</i>	<i>9/53</i>	<i>45/mo</i>	<i>Geologist</i>	<i>R.B. Haines</i>	<i>To take job overseas</i>
<i>Tide-water Oil Company Los Angeles, Calif</i>	<i>9/48</i>	<i>2/50</i>	<i>400/mo</i>	<i>Geologist</i>	<i>R.D. Cartwright</i>	<i>Reduced personnel</i>

Have you ever been dismissed, suspended, or requested to resign? yes If so, when, and for what reason? 10/62 - D & M - reduced work load, necessitated reduction of personnel, 2/50 - Tide-water - same reason

Have you ever applied for a guaranty bond? no If so, with what company, for what amount, and were you accepted? _____

Do you have any physical defects? no If so, specify _____

How many work days have you lost due to sickness in last 2 years? none Nature of illness _____

Have you ever had any industrial accidents for which you received compensation under the Workmen's Compensation Act? no

Number and nature of accidents _____

MILITARY

Have you served in the armed forces of the U.S.? yes Branch Navy Serial No. 735-63-70 Rank Attained Cadet

Type of work performed officer training Basis for discharge Honorable

Date of Service: From 12/42 To 3/45 Type of discharge Honorable Are you in the reserves? no

Are you receiving any disability payment? no Amount _____ Nature of disability _____

REFERENCES

REFERENCES — PLEASE DO NOT LIST RELATIVES, TEACHERS, OR FORMER EMPLOYERS

Name	Address	Occupation	Telephone No.	Years Known
<i>Merald F. Bowers</i>	<i>4004 Centenary, Dallas</i>	<i>Geologist</i>	<i>EM 8-5910</i>	<i>10</i>
<i>George Burke</i>	<i>4790 Honey, Dallas</i>	<i>Accountant</i>	<i>TA 7-2258</i>	<i>3</i>
<i>Harold F. Sullivan</i>	<i>Conroe, Fayette, Tex.</i>	<i>Geologist</i>		<i>12</i>
<i>John C. Dunlap</i>	<i>4425 Lubbock, Dallas</i>	<i>Geologist</i>	<i>LA 1-2487</i>	<i>10</i>

Use following space for additional information or remarks which you wish to submit _____

Not to be Filled in By Applicant

Interviewed by _____	Interviewed by _____	Interviewed by _____
Comments _____	Comments _____	Comments _____
Recommended? Yes _____; No _____	Recommended? Yes _____; No _____	Recommended? Yes _____; No _____

(TO BE COMPLETED BY SUPERVISOR)

Date Employed _____ Job Classification _____ Payroll _____

District _____ Division _____

Rate of pay _____

Supervisor _____

NOTICE IS HEREBY GIVEN THAT LIABILITY INSURANCE PROVIDED BY THE STATE COMPENSATION LAW IS CARRIED.

STATEMENT

I declare that all statements contained in this application are correct and understand that willfully withholding information or making a false statement in this application will be the basis for dismissal. I agree that any employment will be subject to my successfully passing a medical examination by a physician chosen by my employer. I authorize each school, employer, and other firms or persons named herein to furnish any information which may be sought during investigation to determine my fitness for employment.

I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time with or without cause.

Signed Kenneth R. Feagins Signed Neclan P. Ford

INT