

Nov. 1953

STATE OF LOUISIANA DEPARTMENT OF PUBLIC SERVICE APPLICATION FOR STATE EMPLOYMENT

*Bellevue*

LAST: Pierson  
FIRST: Malcolm  
MIDDLE: Gray

PRINT YOUR NAME HERE

FIRST NAME: Malcolm MIDDLE NAME: Gray LAST NAME: Pierson

5. SEX - RACE: MALE  FEMALE   
WHITE  COLORED  OTHER

6. BIRTH DATE: Feb. 10 1931  
Month Day Year

7. PLACE OF BIRTH: Tuscaloosa, Ala.  
City State

855: 655 Polytech Dr.  
House or Box Number Street

(If born outside U.S., give City and Country)

Baton Rouge, La.  
City or Town State

8. WHERE DO YOU WISH TO TAKE THE EXAMINATION?

PHONE NO: 29940 343-7465  
Home Office

First Choice: Jackson, La.  
Second Choice:

9. POSITION(S) FOR WHICH YOU ARE APPLYING

Card No. Exp. & Tr. Raw Score

9. LEGAL OR VOTING RESIDENCE: E. Baton Rouge, La.  
Parish State

Physician II

(examination series requires a separate application)

10. MARITAL STATUS: SINGLE   
MARRIED  DIVORCED  WIDOWED

11. ACCEPTABLE SALARY: \$12,000

11. HEIGHT: 5'9" WEIGHT: 160

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

YOU ACCEPT EMPLOYMENT ANYWHERE IN THE F NO. LIST AREAS OR PARISHES WHERE YOU  
X. E. La. St. Hosp., Jackson.  
ACCEPT PERMANENT EMPLOYMENT?  
ACCEPT TEMPORARY EMPLOYMENT?  
3. 3 TO 6 MOS. 6 TO 12 MOS.

YES NO

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN  
17. HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, IMPRISONED OR PLACED ON PROBATION OR ORDERED TO DEPOSIT BAIL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, EXCEPT FOR MINOR TRAFFIC VIOLATIONS?  
IF YES, GIVE (1) DATE, (2) ALLEGED OFFENSE OR VIOLATION, (3) THE PENALTY, IF ANY, IMPOSED, OR OTHER DISPOSITION.

YES NO

DO YOU DRIVE AN AUTOMOBILE?  
IN A CAR?  
WILLING TO TRAVEL?  
FULLY FREQUENTLY  CONSTANTLY

YES NO

1962 Narcotic violation  
5 yrs suspended license & conviction of treatment of USPH Hosp. - Convicted in 1963. Full pardon 1964

DO YOU A REGISTERED VOTER OF THE STATE (USA)?

YES NO

14. EXPLAIN FULLY ANY PHYSICAL DEFECTS OR DISABILITIES YOU MAY HAVE WHICH WOULD AFFECT YOUR PERFORMANCE ON THE JOB FOR WHICH YOU ARE APPLYING.  
NONE

DO YOU NOW HOLD OR ARE YOU A CANDIDATE FOR ACTIVE PUBLIC OFFICE?  
TITLE OF OFFICE.

YES NO

Application Number Ident. No.   Card No. 4-7   8	Name 9-29	1st Line Address 30-50	Phone No. 55-60	S-R 61	Birth Date 62-63	Parish 64-65	Type 66	Auto 67	M.L. Pref. 68	S-G 69	Exam Center 70-71	72-79	MLP 80
Application Number Ident. No.   Card No. 4-7   8	2nd Line 9-29	City State 30-50	Class Title 51-65					M.L. Pref. 67-68	S-G 69	Exam Center 70-71	72-79	MLP 80	

EDUCATION

THE INFORMATION IN THIS SECTION THAT APPLIES TO YOUR EDUCATION MUST BE FILLED IN WITH SPECIFIC ANSWERS. FAILURE TO DO SO WILL BE CAUSE FOR REJECTION OF YOUR APPLICATION.

GRAMMAR AND JUNIOR HIGH SCHOOL

NAME AND LOCATION: Sumner & Jr High, Holt, Alabama  
 ATTENDED FROM: 1930 1 2 3 4 (Circle highest grade completed)  
 Year  
 TO: 1937 5 6 7 8  
 Year

HIGH SCHOOL

NAME AND LOCATION: High School  
 ATTENDED FROM: 1937 9 10 11 12 (Circle highest grade completed)  
 Year  
 TO: 1941  
 Year

DID YOU GRADUATE? yes DID YOU RECEIVE A DIPLOMA? yes DID YOU TAKE A TYPING COURSE? yes  
 DID YOU TAKE SHORTHAND? NO

COLLEGE OR UNIVERSITY

NAME AND LOCATION: University of Alabama ATTENDED FROM: 1941 DID YOU GRADUATE? yes  
 Year  
 TO: 1943 DEGREE RECEIVED: B.A.  
 Year

MAJOR: Biology } Pre. Med.  
Chemistry } LIST PRINCIPAL UNDERGRADUATE  
 SEMESTER HOURS IN EACH: \_\_\_\_\_

DID YOU GRADUATE WITH HONORS? yes UNIVERSITY: Med. Coll. of Ala DATE: 1943-46 DEGREE: M.D.  
 MAJOR: Medicine MINOR: \_\_\_\_\_

PROFESSIONAL ASSOCIATION OR LICENSE

NAME AND LOCATION OF WHICH YOU ARE A MEMBER: Bi-parish Med. Soc., Jackson, La.  
 TYPE OF LICENSE OR PROFESSIONAL LICENSE IF YOU HOLD: M.D., La., License Med & Surg.  
 NAME OF BOARD OR BOARD OF EXAMINERS: La. ST. Board of Med. Examiners, New Orleans, La.

BUSINESS SCHOOL

NAME AND LOCATION: \_\_\_\_\_ ATTENDED FROM: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_  
 Year  
 TO: \_\_\_\_\_ DID YOU RECEIVE A DIPLOMA? \_\_\_\_\_  
 Year

(F) OTHER SCHOOLS  
 NIGHT SCHOOL: \_\_\_\_\_ ATTENDED FROM: \_\_\_\_\_ DID YOU RECEIVE A DIPLOMA? \_\_\_\_\_  
 Year  
 CORRESPONDENCE SCHOOL: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU RECEIVE A CERTIFICATE? \_\_\_\_\_  
 Year  
 TRADE SCHOOL: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

NAME AND LOCATION OF SCHOOL: \_\_\_\_\_ LIST SUBJECTS TAKEN: \_\_\_\_\_

(G) OFFICE MACHINES  
 DO YOU TYPE? \_\_\_\_\_ HOW MANY WORDS CAN YOU TYPE PER MINUTE? \_\_\_\_\_  
 LIST OTHER OFFICE MACHINES YOU CAN OPERATE? \_\_\_\_\_

(H) LIST ANY OTHER SKILLS NOT COVERED ELSEWHERE IN THIS APPLICATION:  
Advanced training in Surgery, Pathology, & Public Health (Aviation Medicine)

**EXPERIENCE**

THIS SPACE MUST BE FILLED IN AND ALL QUESTIONS ANSWERED. THIS APPLICATION IS PART OF YOUR EXAMINATION AND COMPLETE INFORMATION MAY LOWER YOUR SCORE OR RESULT IN YOUR APPLICATION BEING REJECTED. BEGIN WITH PREVIOUS POSITION, LAST POSITION AND WORK BACKWARD. IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS. (OF 12 MAX)

POSITION OF LAST POSITION <i>State Hosp.</i>	DATE BEGAN WORK MONTH <i>Aug</i> YEAR <i>62</i>	DATE STOPPED WORK MONTH _____ YEAR _____	BEGINNING SALARY <i>\$752 PER MO</i>	ENDING SALARY <i>\$900 PER MO</i>
NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Dr Cecil Edwards</i>		WAS THIS JOB FULL TIME? <i>Yes</i>		
EMPLOYER (Firm, Organization or Person) <i>State Hosp.</i>		NUMBER & TITLES OF EMPLOYEES SUPERVISED BY YOU <i>Nurses, Attendants, etc 40 + or -</i>		
REASON FOR LEAVING OR CHANGING EMPLOYMENT <i>Presently employed -</i>		HOURS PER WK: _____		

*sician : Clinic - Pt. + Employee.  
Infirmary wards: White female/geriatric  
chronic + geriatric  
custodial care  
(recently assigned)*

POSITION <i>Medicine</i>	DATE BEGAN WORK MONTH <i>Nov</i> YEAR <i>62</i>	DATE STOPPED WORK MONTH <i>Aug</i> YEAR <i>62</i>	BEGINNING SALARY <i>\$620 PER MO</i>	ENDING SALARY <i>\$700 PER MO</i>
NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>None</i>		WAS THIS JOB FULL TIME? <i>Yes</i>		
EMPLOYER (Firm, Organization or Person) <i>Shy ad</i>		NUMBER & TITLES OF EMPLOYEES SUPERVISED BY YOU <i>Receptionist, Nurse, Caretakers, etc.</i>		
REASON FOR LEAVING OR CHANGING EMPLOYMENT <i>Practice sold.</i>		HOURS PER WK: _____		

*General Practice of Medicine.*

POSITION <i>Medicine</i>	DATE BEGAN WORK MONTH <i>Feb</i> YEAR <i>60</i>	DATE STOPPED WORK MONTH <i>Jun</i> YEAR <i>60</i>	BEGINNING SALARY <i>\$920 PER MO</i>	ENDING SALARY <i>\$1150 PER MO</i>
NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Dr. Sollitt, Director</i>		WAS THIS JOB FULL TIME? <i>Yes</i>		
EMPLOYER (Firm, Organization or Person) <i>Medical Ass.</i>		NUMBER & TITLES OF EMPLOYEES SUPERVISED BY YOU <i>Nurses, Attendants, Constations, etc.</i>		
REASON FOR LEAVING OR CHANGING EMPLOYMENT <i>Went into private practice</i>		HOURS PER WK: _____		

*General Practice of Medicine.*

(C) EXAC  
PLACE  
CITY  
NAME  
ADDRESS  
DESCRIPTION

EXPERIENCE (CONT'D)

LAST POSITION <b>USNR</b>	DATE BEGAN WORK MONTH <b>2</b> YEAR <b>58</b>	DATE STOPPED WORK MONTH <b>10</b> YEAR <b>58</b>	BEGINNING SALARY <b>\$ 200 PER WEEK</b>	ENDING SALARY <b>\$ 100 PER WEEK</b>
EMPLOYER (Firm, Org, or Person) <b>EDD MULLI CO, Cas Services</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>William H. ...</b>		WAS THIS JOB FULL TIME? <b>Yes</b>
NUMBER & TITLES OF EMPLOYERS SUPERVISED BY YOU <b>1</b>		REASON FOR LEAVING OR CHANGING EMPLOYMENT <b>Completed 2 yrs probation period.</b>		

*4 weeks Surgeon for Carrier Air Group*

21. INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 22. VETERANS PREFERENCE FOR MILITARY SERVICE (A) WERE YOU EVER IN THE UNITED STATES MILITARY SERVICE DURING TIME OF WAR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL-TIME MILITARY PAY AND ALLOWANCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (D) DATES OF ENTRY INTO SERVICE: <b>1943-46, 51-53, 46, 53, 58</b> DATES OF SEPARATION: <b>52-53</b> BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): <b>USNR</b> SERIAL NO. (If none, give grade or rating at time of separation): <b>541225</b> (E) IF YOU SERVED IN THE U.S. MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A BADGE OR SERVICE RIBBON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (F) ARE YOU A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (G) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (H) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT? (If your answer to (F)(G) or (H) above is "Yes" attach SF Form 11 together with evidence specified thereon) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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REFERENCES: GIVE NAMES AND ADDRESSES OF THREE CHARACTER REFERENCES. (DO NOT NAME RELATIVES OR SUPERVISORS SHOWN ABOVE)

Name: <b>Charles Williams</b>	Address: <b>Crown Office, Baton Rouge, Louisiana</b>	Occupation: <b>...</b>
Name: <b>Frank Silva</b>	Address: <b>Clinical Director, Ed. H. ...</b>	Occupation: <b>...</b>
Name: <b>Al ...</b>	Address: <b>3330 N. Blvd, Baton Rouge, Louisiana</b>	Occupation: <b>...</b>

BEFORE I SIGN THIS APPLICATION, I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE REGISTER AND/OR SUBJECT ME TO DISMISSAL FROM THE STATE SERVICE.

**21 Feb 1954** RECEIVED  
 Signature of Applicant: *Malcolm ...*  
 SIGNATURE OF APPLICANT.