2. Place of each	nsultent	osition applied for		,	e or write legibly in BL for a specific United S Il directions, and mail this CIVILSERVICE COMMISS f address.	7. C.		
3. Optional sul		cation to the office named therein; if not, mail with an explanatory le WASHINGTON, D.C., unless otherwise directed. Notify same office land of examination, it any; or name of position applied for				mee for U. S. Civil Service Commission	To U. S	. Civi
Pr	imination (if a written test), or (City and Stat bject (if mentioned in examin	e)				CIVILIAN PERSONNE	L	- e
	Mr. Harold We	sherg				OFFICADOF.		
	(First name) 2522 N N	(Middle)		er)	y) (Last)	2 2 2		
	Anlington					Ini		
Apr	Date of birth (month, day, year): ril 8, 1915 Legal or voting residence:	7. Age last birthd		8. Date of December 1		Preference: Adm'd exam. Allowed— Veteran. Approved by 2: Disability.	EXECT.	
Si Si	tate Virginia (a) Check one: (b) Check on		GLebe 7380 (Residence phone) (Business phone)			Wife. Exam. date		
Taberra SEL N	X Male Single.	Separated.	5	ut shoes: ft. 9 i	. Weight: . n. 211	· y	. Materi _ Mater	ial at rial fil
	No" answer by placing X in	(Town)	Yes	(Stat	e or country) Indicate "Yes" or "No	answer by placing X in proper column	Yes	N
. Are you a cilizen	of the United States?		x		22. (a) Were you ever	in the U.S. military or naval service?	×	
Have you ever be fendant, or indictive the or probation, were heen order lion of any law or he day law and law and law and law and location of the place where it ime and location of the place where it ime and location of the place where the me of location of the place where the meandly of the place where the meandly of the pendity.	cation. Naturalization Certifice road of citizenship. Document cool of citizenship. Document cool of citizenship. Document cool of citizenship cool of the cool of cool of citizenship cool of	to court as a de- r imprisoned, or sen filed, or have leged breach or se whatsoever? ever, under Item r age at the time, occurred, (4) the offense or viola- tion. The chave			(b) Were all discha (c) Have you alrea. Civil Service If so, check kind of Veleran. If you are applying for veteran preference in co Form 14, together with the 23. Have you registered If so, give address and number of lo	service and date of last discharge: 1944 Marine. Coast Guard. Date 1944 rages granted under honorable conditions? dy established military preference with the Commission? preference below; tabled Wile of disabled Widow of eran. weteran. a specific examination, and wish to claim nnection with it, attach C. S. C. (Preference) the evidence specified therein typder the Selective Service Act? Wilmington, Dele		?
(a) Have you any physical defect or disability whatsoever?			x	x		ssification_4_UYour order number		
7. Do you advocate or have you ever reles the overthrow or violence?	her (a) ar (b) is yes, give full p e or have you ever advocated r been a member of any organi of the Government of the Unite	or are you now		x	If so, give name of organization	member of any branch of military or naval active duty?		.x.
If so, give complete details under Item 45. 8. Have you ever been discharged for misconduct or ensatisfactory service, or forced to resign from any position? 1 so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.				_x_	husband or wife_ 26. Would you accept s 6 months 27. (a) Would you acc	hort-term appointment?	x	
Within the past 12 If so, specify:	2 months, have you used intoxic	ating beverages?.	x		United States	Washington, DC		
by marriage), en uding persons in the	of your family or relatives (enployed by the United States) of armed forces? address, relationship, and bro	ther by blood or Sovernment, ex-	x		Give locations acceptable_	od analyticate W. A. J. D. Co.	~	X
21. Are you NOW employed by the Federal Government?				x	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.			

	rint or type your name here as in Item 4			9	-			**********		4 ⁷ .	
31	I. (a) Have you ever filed applications for (If so, list them below.)	any Foderal	civil servi	ce examinal	ions?X6	3S		**********			Yes No
-	Titles of examinations				-	ined in what	cities	±0	Month	and year	Ratings
	Con't recall			Washin	gton, I	OC .					*********
120		*		*********	***********			***********			*******
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-				at the W	41 81 7/41	501.00	75 50			***************************************	
-) Have you passed any State or other civil	(00)			A = -		ears? (H so	linteb evip ,	under Item 4	(5)	Yes No
32	E. EDUCATION: (a) Circle highest grade (ompleted, ele	mentary o	or high schoo	I STATE OF THE STA		8 9 10	11 (12) Did	you gradua	to?	Yes No
	Name and location	ol school			Dates a		Years or	I TOURING	·	conferred	Semester hours
_	We town at the	-0 D-7			From-	To-	Day	Night	Title	Date	credit
(b	College or university University	or ner	aware		1931	1934	3				
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4	Other						Annesse -		Studies	********	
10	List your four chief undergraduate subjec			l c		***********			l		
100	that your tour critisi undergraduate subject	3		Semester I	are.	List yo	our four chi	el graduate	subjecta		Semester hrs
	English			E						10 m	
**	Literature		*****				,		11		
	History										
	Indicate your knowledge of RE	n e	PEAK	UNDERSTA	NEW COLUMN						
33	Indicate your knowledge of Exc. Go		Good Fair	Exe. Good I		e you now a l	licensed me	mber of any	trade or prof	ession (such	Yes No
	Jewish		x	x	III .						X
	German	x	x			oot, have you ve kind of lice					ft.
	French	x	х.			rliest license		*******			
_	***************************************					st recent lice		*******			
35.	REFERENCES: List live persons, who are r close direction of your work, or who are	ot related to n a position	you by bl to judge y	ood or marr our work cri	iage, who liv lically in tho	ve in the Unit se occupation	ted States, on the in which	and who are you regard	or have bee	n mainly reest qualified	sponsible for L
	Full name			A	dress including street a					occupation	
Ŷ.	Hugh Barton	Prese				S, Was	hingto	n Brane	ch chie	f	-
11	M. R. Rogers	Latin	-Amer	ican D	iv., 08	S, Was	hingto	n Forme	er edit	or	
(1111	Robert Wohlforth	Dept.	of J	ustice	New Y	ork Ci	ty	Anti-	-Trust	Divisi	on
	James Rosbrow	.Unemp	Loyme	nt Com	mission	, Wilm	ington	Del.,	Asst.	Direct	or
26	K. C. Blackburn			ngton,				Divi	sion ch	def	
	May inquiry be made of your present omp								******		Yes No
	EXPERIENCE: In the space furnished tell with your present position and work ton and, except for employments held le you used on pay roll if different from the	w give a re- back to the i ss than three t given on th	cord of ev first posit months, c is applied	ery employn ion you hel ive your dut ition.	ent, both pu d, accounting les and resp	blic and priv ng for all peri onsibilities in	ale, which i lods of unen such detail	rou have had aployment. as to make	d since you fi Describe you your qualified	rst began to ar field of we ations clear.	work. Star ork and posi Give name
	Place(City)	(State)				on					
	From, 19 to _	(Month)	19 (Year)					********	. Per		
MC	Name of employer:					les					
ITIK	Address										
POS						*********					
TAN	Kind of business or organization;										
PRESENT POSITION	Number and class of										
Q,	employees you supervised					*******					
	Name and title of your immediate supervisor			Machines a	nd equip- used					,	
											777

Al. Show name and address of wife's (or husband's) employer (if none, write "None"): RTC, Washington, DC 41. (a) Were any of the following members of your family born outside Continental U. S. A.? Wife Husband & Father & Mother. If so, indicate which by marking the appropriate space, and show under Item 45 for each, (i) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalized date of naturalized cate of naturalized continents in the U. S. armed forces), now living in a foreign Country? Yes No If so, for each relative show under Item 45 the (i) name, (2) relationship (3) place of residence, (4) birthplace; (3) present citizenship, and (6) whether.		county, or municipality? It so, give details under Item 45. Yes No	No.	Write in left column numbers of items to which detailed answers apply
### Store mome and calciers of wide for husband's employer (Il mone, write ### RPC_Nathington, DC. ### Action of the billowing members of your family born out allowed any of the billowing members of your family born out allowed Continents IV. S. A. To the ### Action of the Continents IV. S. A. To the I	. <u>u</u>	Service Certificate for military or naval service, or an annuity from the U. S. Government under any Retirement Act? Yes No. 11 so, give details under Item 45.	16	Physical condition resulted in dis-
4. (a) Were any of the following members of your family born only 4. (a) Were any of the following members of your family born only 4. (b) French only 4. (c) Were any of the following members of your members of the company 4. (c) French only 4. (c) French only 4. (c) French only 6. (c) French only	3	'. 'None'): .		pending.
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He so indicate which is transform and present and of the or modern law of the conditions to the condition of the conditions and the conditions and the conditions of the conditions and the conditions are conditions and the conditions and conditions and the conditions and conditions and the conditio	oë ,	side Continental U. S. A.?	.39.	Pending.
Ob How you are presented by Bobod or by marriage (escluding persons in the U.S. camed torous), now thing in a loreing and country Country If so, for each mindive show under Item 45 the (I) name, (2) relabibility (3) pioce of residence, (4) birthploce, (5) present citizenship, and (6) whether translant or resident. Let any special risk the openach, turnshibits, or existing and the country of	, 1	Wife Husband A Father A 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.		Frederick and Sarah Weisberg,
If so, for each relative above under liven 45 the (1) name, (2) when 16 (2) place of nesisience, (6) livehildoes, (3) present citizenship, and (6) whether transient or resident. 4. Let any special shill not shown in Question 37, such as, operation of short-devices. 5. KILL 5. La KILL 5. KILL 5. KILL 5. KILL 5. KILL 5. La KILL 5. KILL 5. La KILL 5.	€			citizens.
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Words per minute in typing the stenography Do you have a license to operate an automobile? 1. Stote what kind of work you prefer Fditorial 2. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) typus peteries or inventions (do hobbies, construction of instruments, etc. 1. If more space is required, use a sheet of THIN poper, size 8 x 10/3 in Write on each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination of each sheet your name, full address, date of birth, and examination. 1. 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 Service as each indian, you must file with this application a certificate from the superintendent of the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian Service as a line of the same service of the company of the proper in the superintendent of the same full makes. 1. The following outh must be taken before a notary public, the secretary of a United Science board of examiners, or a licer administer on the best of the same and proper in person. The following are among those not author to administer othis collaboration when the applicant must appear in person. The following are among those not author to administer othis collaboration on the following are among those not author to administer othis collaboration on the following are among those not author to administer othis collaboration of the same I have received no assistance except as indicated fully in		SKILL SKILL	******	
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