

U. S. CIVIL SERVICE COMMISSION  
 C. S. C. Form No. 332  
 INSTRUCTIONS.—Answer questions clearly and completely. Type or write legibly in Blue 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.

# APPLICATION FOR FEDERAL EMPLOYMENT

This space for agency use:

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Dec 19 10 09 AM '44

CIVILIAN PERSONNEL OFFICE OF

STRATEGIC SERVICES

To U. S. Civil Service Commission

ANNO. NO.

APP. NO.

This space for U. S. Civil Service Examination

SEL. NO.

1. Name of examination, if any; or name of position applied for: <b>Consultant</b>		AV.	This space for U. S. Civil Service Commission	
2. Place of examination (if a written test), or place of employment applied for: (City and State)				
3. Optional subject (if mentioned in examination announcement):				
4. Mr. <b>Harold Weisberg</b> (First name) (Middle) (Maiden, if any) (Last)				
5. <b>2322 N. Nottingham St.</b> (R. D. or street and number) <b>Arlington, Va.</b> (City or post office, and State)				
6. Date of birth (month, day, year): <b>April 8, 1913</b>	7. Age last birthday: <b>31</b>	8. Date of this application: <b>December 17, 1944</b>		
9. Legal or voting residence: State <b>Virginia</b>		10. Telephone numbers: <b>Glebe 7380</b> (Residence phone) (Business phone)		
11. (a) Check one: (b) Check one: <input type="checkbox"/> Widowed. <input checked="" type="checkbox"/> Male. <input type="checkbox"/> Single. <input type="checkbox"/> Separated. <input type="checkbox"/> Female. <input checked="" type="checkbox"/> Married. <input type="checkbox"/> Divorced.		12. Height, with- out shoes: <b>5</b> ft. <b>9</b> in. <b>211</b> lb.		
13. Where were you born? <b>Philadelphia, Pa.</b> (Town) (State or country)		Preference: <input type="checkbox"/> Allowed— <input type="checkbox"/> Veteran. <input type="checkbox"/> Disability. <input type="checkbox"/> Wife. <input type="checkbox"/> Widowed. <input type="checkbox"/> Disallowed. <input type="checkbox"/> Closed.		

Gr.	
E & E.	
P & D.	
Int.	
Adm'd exam.	
Approved by	
Exam. date	
Not. Ra.	
Date Req.	
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.		<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: <input checked="" type="checkbox"/> Army. <input type="checkbox"/> Navy. <input type="checkbox"/> Marine. <input type="checkbox"/> Coast Guard. Date: <b>1944</b>		<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 been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? List all cases, without any exception whatsoever, under item 15, 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: <input checked="" type="checkbox"/> Veteran. <input type="checkbox"/> Disabled. <input type="checkbox"/> Wife of disabled. <input type="checkbox"/> Widow of veteran. <input type="checkbox"/> Disabled veteran. <input type="checkbox"/> Veteran.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If answer to either (a) or (b) is yes, give full particulars under item 45, page 4.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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			
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"/>	23. Have you registered under the Selective Service Act? If so, give address and number of local board: <b>Wilmington, Del. #3</b>		<input checked="" 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 checked="" type="checkbox"/>	If classified, give your classification <b>1-C</b> Your order number.....			
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: <input checked="" type="checkbox"/> Occasionally. <input type="checkbox"/> Habitually. <input type="checkbox"/> To excess.		<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 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"/>	25. Give number of persons completely dependent on you, other than husband or wife.....			
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) (Year) to (Month) (Year)		<input checked="" type="checkbox"/>		26. Would you accept short-term appointment? -- 6 months. -- 3 months. -- 1 month.		<input checked="" type="checkbox"/>	
				27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences <b>Washington, DC</b> (b) Would you accept appointment outside the United States? Give locations acceptable.....			<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? <b>\$5000</b> per year. You will not be considered for positions paying less.			
				29. If you are willing to travel specify <input checked="" type="checkbox"/> Occasionally. <input type="checkbox"/> Frequently. <input type="checkbox"/> Constantly.			
				30. How much notice will you require to report for work? <b>1 week</b>			

\* Pending



Print or type your name here as in Item 4 Harold Weisberg

31. (a) Have you ever filed applications for any Federal civil service examinations? Yes  
 (If so, list them below.)

Titles of examinations	Examined in what cities	Month and year	Ratings	
			Yes	No
<u>Con't recall</u>	<u>Washington, DC</u>			

(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>University of Delaware</u>	<u>1931</u>	<u>1934</u>	<u>3</u>				
Other							

(d) List your four chief undergraduate subjects	Semester hrs.	List your four chief graduate subjects	Semester hrs.
<u>English</u>			
<u>Literature</u>			
<u>History</u>			
<u>Engineering</u>			

33. Indicate your knowledge of foreign languages.

	READ			SPEAK			UNDERSTAND		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
<u>Jewish</u>					<u>X</u>		<u>X</u>		
<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>Hugh Barton</u>	<u>Presentation Branch, OSS, Washington</u>	<u>Branch chief</u>
<u>M. R. Rogers</u>	<u>Latin-American Div., OSS, Washington</u>	<u>Former editor</u>
<u>Robert Wohlforth</u>	<u>Dept. of Justice, New York City</u>	<u>Anti-Trust Division</u>
<u>James Rosbrow</u>	<u>Unemployment Commission, Wilmington, Del.</u>	<u>Asst. Director</u>
<u>K. C. Blackburn</u>	<u>OWI, Washington, DC</u>	<u>Division chief</u>

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

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 (City) _____ (State) _____	Exact title of your position _____	Salary: Starting, \$ _____
		From (Month) _____, 19 (Year) _____ to (Month) _____, 19 (Year) _____	
	Name of employer: _____	Duties and responsibilities _____	
	Address _____		
	Kind of business or organization: _____		
	<u>Unemployed</u>		
	Number and class of employees you supervised _____		
	Name and title of your immediate supervisor _____	Machines and equipment you used _____	



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"):  
RFC, Washington, DC

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 Editorial

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
16	Physical condition resulted in discharge from army. Disability rating pending.
20	Wife works for RFC.
39	Pending.
41	Frederick and Sarah Weisberg, parents, born in Russia, naturalized citizens.

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). 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) Harold Hiss  
 (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 6th day of December, 1944, at city [or town] of Washington county of \_\_\_\_\_, and State [or Territory or District] of D.C.

U. S. GOVERNMENT PRINTING OFFICE

(Signature of officer) E. A. Treacy  
 (Official title) Notary Public  
My commission expired Aug. 14, 1949



Place Washington, DC  
 From 12 (Month) 1942 (Year) To 11 (Month) 1944 (Year)  
 Name of employer: U. S. Army  
 Address \_\_\_\_\_  
 Kind of business or organization: \_\_\_\_\_  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving Honorably discharged

Exact title of your position \_\_\_\_\_ Salary: Starting, 50.00  
 Per Mo., Final, \$66.00  
 Duties and responsibilities M.P. and Prisoner of War guard in United States and Africa; Presentation editor, OSS, Washington, DC.  
 Machines and equipment you used None

Place Washington, DC  
 From 1 (Month) 1939 (Year) To 11 (Month) 1942 (Year)  
 Name of employer: Self  
 Address 513 H St. NW  
Washington DC  
 Kind of business or organization: Free-lance writer  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving Inducted into army

Exact title of your position \_\_\_\_\_ Salary: Starting, \$ \_\_\_\_\_  
 Per \_\_\_\_\_ Final, \$ \_\_\_\_\_  
 Duties and responsibilities Wrote articles on national and international affairs for various national magazines, specialized in cartels; no fixed income; wrote on a per-story basis; paid up to 50¢ a word.  
 Machines and equipment you used None

Place Washington, DC  
 From 1 (Month) 1936 (Year) To 6 (Month) 1939 (Year)  
 Name of employer: U. S. Senate  
 Address Senate Office Bldg.  
 Kind of business or organization: Government  
 Number and class of employees you supervised Up to about 25-30  
 Name and title of your immediate supervisor Robert Wohlforth, Secretary  
 Reason for leaving Termination of work

Exact title of your position Editor; investigator; asst. secretary Salary: Starting, \$5200  
 Per yr. Final, \$3200  
 Duties and responsibilities Held three jobs simultaneously on Subcommittee on Education and Labor. Edited and hearings, reports, etc., totaling about 20,000,000 words.  
 Machines and equipment you used None

Place Washington, DC  
 From 1 (Month) 1935 (Year) To 1 (Month) 1936 (Year)  
 Name of employer: Dept. of Agriculture  
 Address Washington, DC  
 Kind of business or organization: Government  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving To take Senate job.

Exact title of your position Clerk Salary: Starting, \$1440  
 Per yr. Final, \$1440  
 Duties and responsibilities File clerk  
 Machines and equipment you used None