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Read the instructions on every question before you answer it. Type or print in INK. If you are applying for a specific Unit or State Civil Service examination, you should refer to the announcement for an "official" work sheet. 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. ANNOUNCEMENT SELECTION No.

1. Name of examination, or kind of position applied for:			
2. Optional subject (if mentioned in examination announcement):			
3. Place of employment applied for:			
4. Mr. (First name)	(Middle)	(Maiden, if any)	(Last)
Mrs. <u>H. Gold</u>			<u>15000</u>
5. Street and number or R. D. number:			
City or post office (including postal zone), and State:			
6. Legal or voting residence (State):		7. Office phone no.: Home phone:	
8. Place of birth (city and State; if born outside U. S., name city and country):			
9. Date of birth (month, day, year):		10. Age last birthday:	11. <input type="checkbox"/> Male <input type="checkbox"/> Female
12. <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Height without shoes: _____ feet _____ inches		Weight: _____ pounds
14. Have you ever been employed by the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If now employed by the Federal Government, give present grade and date of last change in grade:			

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

<input type="checkbox"/> Appor.		<input type="checkbox"/> Material		<input type="checkbox"/> Entered register	
<input type="checkbox"/> Non-appor.		<input type="checkbox"/> Submitted		<input type="checkbox"/> Returned	
Notations:			App. Review:		
OPTION		GRADE	EARNED RATING	PREFER-ENCE	AUGM. RATING
				<input type="checkbox"/> 3 points (tent.)	
				<input type="checkbox"/> 10 points	
				<input type="checkbox"/> Wife or Widow	
				<input type="checkbox"/> Disal.	
				<input type="checkbox"/> Being Investigated	
INITIALS AND DATE					

Indicate "Yes" or "No" answer by placing X in proper column		YES	NO	15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:
15. (a) Would you accept short-term appointment, if offered, for—				
1 to 3 months?				
3 to 6 months?				
6 to 12 months?				
(b) Would you accept appointment, if offered—				(d) What is the lowest entrance salary you will accept \$ _____ per year.
in Washington, D. C.?				You will not be considered for positions paying less.
anywhere in the United States?				(e) If you are willing to travel, specify:
outside the United States?				<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly

EXPERIENCE.—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EVERY position you have held. Use a separate block for EACH position. You may also 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. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

(a) If you were ever employed in any position under a name different from that shown in Item 4 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."

PRESENT POSITION		
Date of employment (Month, year)	Exact title of your present position:	Salary or earnings:
From: _____ To present time		Starting \$ _____ per _____
Place of employment (city and State):		Present \$ _____ per _____
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:	Description of your work:	
Kind of business or organization (e. g., wholesale, insurance agency, etc.):		
Number and kind of employees supervised by you:		
Name and title of immediate supervisor:		
Reason for desiring to change employment:		

23. Enter FULL NAMES of all dependents living in the United States or Territories of the United States who are NOT related to you or who have not the knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of dependents listed under Item 32. (SEE INSTRUCTIONS.)

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
1.		
2.		
3.		

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

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
25. Are you a citizen of the United States?			35. Have you any physical defect or disability whatsoever? If your answer is "Yes," give complete details in Item 38.		
26. 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 your answer is "Yes," give complete details in Item 38.			36. (a) Were you ever in the United States Military or Naval Service during time of War? (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? (c) Was service performed on an active full-time basis, with full military pay and allowances? (d) Date of entry or entries into service: _____ Date of separation or separations: _____ Branch of service (Army, Navy, M. C., C. G., etc.) _____ Grade (rank) or rating at time of separation: _____ Serial No. _____		
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?			IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.		
28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of \$25 or less was imposed)? If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.				Indicate "Yes" or "No" answer by placing X in proper column.	YES
29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? If your answer is "Yes," give in Item 38 the name and address of employer, date, and reason in each case.			37. (a) 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 campaign badge or service ribbon? (b) Are you a disabled veteran? (c) Are you the unmarried widow of a veteran? (d) Are you the wife of a veteran who has service-connected disability?		
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act, and rating if retired from military or naval service.			IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.		
31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 38.				THIS SPACE FOR USE OF APPOINTING OFFICE ONLY	
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months? If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.			The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on _____ 19____		
33. Have you ever had a nervous break-down? If your answer is "Yes," give complete details in Item 38.			Agency: _____ Title: _____		
34. Have you ever had tuberculosis? If your answer is "Yes," give complete details in Item 38.					

38. Space for detailed answers to other questions (indicate item numbers to which answers apply).

ITEM No.	ANSWER	ITEM No.	ANSWER

If more space is required, use 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.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 80).

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date: _____ Signature of applicant: _____
(Sign your name in INK (one given name, in full, and surname). If female, prefix Miss or Mrs. and if married use your own given name.)

Exact title of your position: _____

Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

Date of employment (Month, year) From: _____ To: _____

Place of employment (city and State): _____

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, mfg. of locks, etc.): _____

Number and kind of employees supervised by you: _____

Name and title of immediate supervisor: _____

Reason for leaving: _____

Exact title of your position: _____

Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

Description of your work: _____

Date of employment (Month, year) From: _____ To: _____

Place of employment (city and State): _____

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, mfg. of locks, etc.): _____

Number and kind of employees supervised by you: _____

Name and title of immediate supervisor: _____

Reason for leaving: _____

Exact title of your position: _____

Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

Description of your work: _____

Date of employment (Month, year) From: _____ To: _____

Place of employment (city and State): _____

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, mfg. of locks, etc.): _____

Number and kind of employees supervised by you: _____

Name and title of immediate supervisor: _____

Reason for leaving: _____

Exact title of your position: _____

Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

Description of your work: _____

Date of employment (Month, year) From: _____ To: _____

Place of employment (city and State): _____

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, mfg. of locks, etc.): _____

Number and kind of employees supervised by you: _____

Name and title of immediate supervisor: _____

Reason for leaving: _____

Exact title of your position: _____

Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

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 the application.

17. MILITARY EXPERIENCE. In order to make effective placements of war veterans, detailed information is needed about the training and experience they have acquired in the Armed Services. Fill in the appropriate space for each service school you have attended. If you attended no special or technical schools while in the service, write in Item (a) "None other than service schools" and indicate in Item (c) all changes in duty assignment, showing dates of such assignment.

(a) First Special Service School attended:

Location: _____

Dates attended (months, years): _____

From: _____ To: _____

Rating received at end of this training: _____

(b) What were you taught in First Special Service School?

(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):

Dates of duty assignment (months, years): _____

From: July 1944 To: November 1944

(d) What did you do during this duty assignment?

Prepared and filed history of a new battle...

(e) Second Special Service School attended:

Location: _____

Dates attended (months, years): _____

From: _____ To: _____

Rating received at end of this training: _____

(f) What were you taught in Second Special Service School?

(g) Duty assignment after this training:

Dates of duty assignment (months, years): _____

From: _____ To: _____

(h) What did you do during this duty assignment?

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

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:

Elementary School Junior High School Senior High School

(a) Give name and location of last high school attended:

High School (City, State)

(b) Subjects studied in high school which apply to position desired:

(c) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From—	To—	Day	Night	Title	Date	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

(d) List Your Chief Undergraduate College Subjects	Semester Hours	List Your Chief Graduate College Subjects	Semester Hours
<u>Mathematics</u>	_____	_____	_____
<u>Science</u>	_____	_____	_____
<u>History</u>	_____	_____	_____
<u>English</u>	_____	_____	_____

(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 a Federal agency:

Subjects Studied	Dates Attended		Years Completed	
	From—	To—	Day	Night
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Indicate your knowledge of foreign languages:

Language	READING			SPEAKING			UNDERSTANDING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
<u>French</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Spanish</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____

(a) How was your knowledge of foreign languages acquired?

(b) If you have traveled or resided in any foreign countries, indicate (1) name of countries, (2) dates and length of time spent there and (3) reason or purpose (e. g., business, education, recreation):

Africa, July & August 1943; soldier

20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multith, computer, key-punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing _____ shorthand _____

21. 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.)

Yes No Give kind of license and State:

First license or certificate (year): _____

Latest license or certificate (year): _____

22. 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.

Public relations

Biography - Harold Weisberg

Born April 8, 1913, Philadelphia. Educated in public schools of Philadelphia and Wilmington, Delaware. Three years at University of Delaware. Reporter and correspondent for Wilmington daily and Sunday papers, by-line feature writer for Philadelphia Ledger syndicate, 1931-4. File clerk, Dept. Agriculture, AAA, Washington, 1934 or 1935 to 1936. Investigator, Editor, Assistant Secretary, U.S. Senate Subcommittee of the Committee on Education and Labor (popularly known as Senate Civil Liberties Committee) 1936-1939. Freelance writer specializing in national, international affairs, cartels, 1940-2. Army, 1942-1944, last assignment OSS. Latin American Division OSS as civilian 1945 until transfer into State Department, where I continued uninterruptedly until June 23, 1947, in Division of Research for the American Republics, successor to OSS Latin American Division.