

OFFICE OF GOVERNMENT REPORTS
WASHINGTON, D.C.

Tel. No.

APPLICATION AND PERSONAL HISTORY STATEMENT

4/12/42

(Print or type)

(Date)

1. Name: Weisberg Harold
(Last) (First) (Middle)
Mailing address: 313 "H" St, NW Washington D.C.
(Number and street) (City) (State)
Place of employment: Working for self

2. Present salary: \$43600 income per year income
Indicate basis: Year. Day.
 Month. Hour.
 Week. Other.
3. Date of birth: April 8 1913
(Month) (Day) (Year)
What is the lowest salary you will accept? _____

4. Give a statement of your education or training in the blanks below. (See also Question 23.)

(a) Elementary school (circle number of years completed): 1 2 3 4 5 6 7 8

Name and location of school	When attended (Month and year)		Indicate years completed (Write "Grad" if you graduated)	Title of degree received	Semester hours credit received
	From	To			
(b) Junior high school:					
(c) Trade school:					
(d) High school: <u>Wilmington, Del., H.S.</u>	<u>1927</u>	<u>1931</u>			
(e) Other school:					
(f) College or university: <u>Univ. of Delaware</u> <u>Newark, Del</u>	<u>1931</u>	<u>1934</u>	<u>3 yrs</u>		
(g) Graduate school:					

5. College major and minor subjects:

List in the blanks below your major and minor subjects, giving the number of semester hours in each field. Indicate graduate and undergraduate work separately.

	Field of work	Semester hours	(Do not use)
Majors -	<u>English</u>		Major
Minors -	<u>History - Political Science</u>		Minor

6. What foreign languages do you speak fluently, or read readily?
 None fluently, but know some
 Speak 10 yrs of Hebrew, French & German

Board _____

7. If you are licensed or registered, check proper square:

- Licensed to practice law.
- Licensed to practice medicine.
- Licensed to practice dentistry.
- Licensed to practice veterinary science.
- Registered pharmacist.
- Registered or graduate nurse.
- Licensed as architect.
- Licensed as professional engineer.
- Certified public accountant.
- Marine license: Kind _____
- Licensed as stationary or operating engineer.
- Licensed as aeronautical pilot or mechanic.
- Other license (specify) _____

8. Check below ability in the following:

- | | | | | |
|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Fair | Good | | Fair | Good |
| <input type="checkbox"/> | <input type="checkbox"/> | Adding machine. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Addressograph. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Blueprint. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Bookkeeping machine. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Calculating machine. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Comptometer. | | Sorter, punch-card. |
| <input type="checkbox"/> | <input type="checkbox"/> | Dictaphone transcriber. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Graphotype. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Key-punch or verifier. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Mimeograph. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Multilith. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

Other _____ (Specify)

9. List below any specialized training or courses you have taken other than those covered in item 5, which have a bearing on your qualifications, and indicate time spent on each.

Name of school and course taken	Weeks	Hours per week

10. Place of birth:
 Place Philadelphia Pennsylvania
 (State or country only)
 Are you a Citizen of the U.S.? Yes
 If naturalized citizen, Date _____
 give: Cert. No. _____
 Court _____

11. Height and Weight:
 Height 5 10 Weight 220
 (Feet) (Inches) (Pounds)

12. Physical condition:
 Specify any physical defect, disease or disability. If none, write "None."
Bad sinusitis, Severe rheumatoid condition, arthritis, poor vision
 (Specify) _____

13. Sex, Marital status, dependents:
 Male.
 Female.
 Single.
 Married. Marital status
 Separated. (Check one)
 Divorced.
 Widowed.
 Dependents (Number completely dependent on you, other than husband or wife). _____

14. What Federal civil service examinations have you passed?

Title of examination	Year given
<u>Wage-Hour Inspector</u>	<u>1938021939</u>
<u>Information Specialist</u>	<u>1941</u>

15. Military preference (check one):
 None.
 Veteran preference (5-point).
 Disability preference (10-point).
 Wife of disabled veteran (10-point).
 Widow of veteran (10-point).
 If a veteran, indicate branch of service: _____

16. Are you now a member of the National Guard, or a member of the Reserves of the Navy, Army, Marine Corps, Coast Guard, or Public Health Service? No
 (Yes or No)
 Rank: _____
 Service: _____
 Branch: _____

17. Legal or voting residence:
Delaware 1st
 (State only) (Congressional district)

18. Experience record (before filling out section be sure to read Item 18 on Instruction set):

In the following blanks, give a complete record of all your significant Government and private employment, starting with present position, listing positions you have held in reverse chronological order. Give basis of pay for each job, as: Hour, day, week, month, or year. Attach list of any publications or inventions of which you are author or inventor at bottom of page. Omit previous jobs of less than 3 months' duration. List duties and functions in such form that your special qualifications are clear.

Name: <u>Self - Free-lance writing, During this time Wash. Correspondent for National picture magazine click for more than year & work Correspondent for weekly magazine "Friday" for</u>		Title of job:	\$ <u>About 7600</u>
Address: <u>Several months early in 1940</u>		Your duties and specialty:	per <u>year</u>
City and State:		<u>Most of work was of anti-Nazi nature, showing activities, purposes, connections & danger of Nazi organizations & Nazi penetration of 47 business machines or equipment used:</u>	
Kind of establishment or shop:	(Do not use this space)		
Dates			
From—	To—		
<u>1940</u>	<u>1942</u>		

Name: <u>Subcommittee on Education & Labor under S. A. McC 74th Cong. Also known as "Civil Liberties Committee" in Fuller Comm. Rep.</u>		Title of job:	\$ <u>3200.00</u>
Address: <u>U.S. Senate</u>		Your duties and specialty:	per <u>year</u>
City and State: <u>Wash D.C.</u>		<u>Editor of committee reports & reports (over 20,000,000 words); investigator, sent into field on cases to be investigated; asst to Secretary, administrative head of committee</u>	
Kind of establishment or shop:	<u>Senate investigating committee</u>		
Dates			
From—	To—		
<u>1936</u>	<u>1938</u>		

Name: <u>Ag. Adj. Admin.</u>		Title of job:	\$ <u>1440</u>
Address: <u>Dept. Ag.</u>		Your duties and specialty:	per <u>year</u>
City and State: <u>Wash D.C.</u>			
Kind of establishment or shop:	<u>Govt Agency</u>		
Dates			
From—	To—		
<u>1935</u>	<u>1936</u>		

Name: <u>Wil. Del. Morning News to the paper.</u>		Title of job:	\$ _____
Address: <u>Orange & Girard Sts.</u>		Your duties and specialty:	per _____
City and State: <u>Wil. Del.</u>		<u>covered second largest town in state & killed in in the city of Wil. Del. Also did occasional work for out town papers, inc. by lin features for old Phila. Ledger service</u>	
Kind of establishment or shop:	<u>Newspaper</u>		
Dates			
From—	To—		
<u>1931</u>	<u>1934</u>		

OFFICE OF GOVERNMENT REPORTS
WASHINGTON, D.C.

Tel. No.

APPLICATION AND PERSONAL HISTORY STATEMENT

4/12/42
(Date)

(Print or type)

1. Name: Weisberg (Last) Harold (First) (Middle)
 Mailing address: 313 "H" St, NW (Number and street) Wash (City) D.C. (State)
 Place of employment: Working for self

2. Present salary: \$ 43600 income per Year. Day. Month. Hour. Week. Other. *Indicate basis*
 3. Date of birth: April (Month) 8 (Day) 1913 (Year)
 What is the lowest salary you will accept? _____

4. Give a statement of your education or training in the blanks below. (See also Question 23.)

(a) Elementary school (circle number of years completed): 1 2 3 4 5 6 7 (8)

Name and location of school	When attended (Month and year)		Indicate years completed (Write "Grad" if you graduated)	Title of degree received	Semester hours credit received
	From	To			
(b) Junior high school:					
(c) Trade school:					
(d) High school: <u>Wilmington, Del., H.S.</u>	<u>1927</u>	<u>1931</u>			
(e) Other school:					
(f) College or university: <u>Univ. of Delaware</u> <u>Newark, Del</u>	<u>1931</u>	<u>1934</u>	<u>3 yrs</u>		
(g) Graduate school:					

5. College major and minor subjects:
 List in the blanks below your major and minor subjects, giving the number of semester hours in each field. Indicate graduate and undergraduate work separately.

	Field of work	Semester hours	(Do not use)
Majors -	<u>English</u>		Major
Minors -	<u>History - Political Science</u>		Minor