

UNITED STATES CIVIL SERVICE COMMISSION
APPLICATION CARD (Form 4006-ABCD)

Instructions to Applicants

File this card (Form 4006-ABCD) with the application form specified in the announcement of the examination for which you are applying. It is important that you furnish all of the information requested on cards A, B, C, and D. Read the EXAMINATION ANNOUNCEMENT carefully. IF YOU DO NOT POSSESS THE NECESSARY QUALIFICATIONS, DO NOT APPLY. The effort and expense involved in submitting the required forms and material for this examination will be wasted in the event that later it is found you do not meet the specified requirements and it is necessary to cancel your application.

DO NOT FILE ANY MATERIAL OTHER THAN THE APPLICATION FORMS UNLESS REQUESTED TO DO SO, AND THEN ONLY IN THE MANNER PRESCRIBED IN THE EXAMINATION ANNOUNCEMENT OR OTHER INSTRUCTIONS. TYPEWRITE OR PRINT IN INK. DO NOT BEND OR DETACH CARDS. MAIL THIS CARD WITH THE APPLICATION FORM AND OTHER SPECIFICALLY REQUESTED MATERIAL IN AN ENVELOPE ADDRESSED TO THE PLACE NAMED IN THE EXAMINATION ANNOUNCEMENT.

(See reverse side of card for information regarding types of appointments)

(TYPEWRITE OR PRINT IN INK)

1. Last name: Wesley 2. One given name and initial or initials, if any: Robert

3. State (or Territory) in which you claim legal or voting residence: Delaware 4. Date of your birth: 4 8 13

5. Indicate sex: Male Female 6. Have you ever taken a civil service examination for this same position? Yes No

7. Exact title of examination for which you are applying: See Job Offer

8. Exact option (if any) for which you are applying: First Preference

Do not write in this space.

Form 4006-A Application Record Card May 1941

(TYPEWRITE OR PRINT IN INK)

1. Last name: Wesley 2. One given name and initial or initials, if any: Robert

3. Address: 3134 44 Ave 4. Telephone No.: RE 2108

5. State (or Territory) in which you claim legal or voting residence: Delaware 6. Date of your birth: 4 8 13

7. Where were you born? Prima 8. Indicate sex: Male Female

9. Exact title of examination: See Job Offer

10. Exact option (if any): First + 2nd

Do not write in this space.

Form 4006-B Examination Record Card May 1941

(TYPEWRITE OR PRINT IN INK)

DO NOT WRITE IN THESE BOXES

Do you belong to the United States military or naval service? Yes No

If so, specify service by marking an "X" in appropriate box:

Are you now on active duty? Yes No

Place an "X" in appropriate box:

Male Female

What is the date of your birth? (Month, day, and year)

Where were you born? (Specify State (or Territory) & American-born, specify country, if foreign-born.)

State (or Territory) and county in which you now claim legal or voting residence:

State _____ County _____

Would you accept—

LOCALITY	PROBATIONARY APPOINTMENT		PROB. INDEFINITE APPOINTMENT	
	NO	YES (If so, state lowest acceptable salary)	NO	YES (If so, state lowest acceptable salary)
Place of present address	<input checked="" type="checkbox"/>	\$ <u>4</u>	<input checked="" type="checkbox"/>	\$
Adjoining areas	<input checked="" type="checkbox"/>	\$ <u>4600</u>	<input checked="" type="checkbox"/>	\$ <u>4600</u>
Washington, D. C.	<input checked="" type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$
Anywhere in the United States	<input checked="" type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$
Outside Continental United States	<input checked="" type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$

Would you accept TEMPORARY APPOINTMENT if offered?

For	1 month?	2 months?	3 months?	4 months?
YES (If so, state lowest acceptable salary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Op.: _____ Apper. No.: _____ CIRC.: _____

Date of exam.: _____

Remarks: _____

Form 4006-C Register Card, May 1941

UNITED STATES CIVIL SERVICE COMMISSION

1. EXACT title of the examination for which you are applying: See Job Offer

2. EXACT option (if any): 1st Pref.

(TYPEWRITE OR PRINT IN INK, KEEP WITHIN FRAME)

Name: Robert Wesley

Address: 3134 44 Ave

City: Wesley State: DE

Form 4006-D Rating Card, May 1941

The rating on your examination is as follows:

	A	B	C	D	E
1					
2					
3					
4					
5					
6					

If you have been granted military preference, the points gained are included in the rating above.

Form 4006-D Rating Card, May 1941

