Form 3721 (August 1941)

file !

U ED STATES CIVIL SERVICE COMMISSION WASHINGTON, D. C.

PERSONAL HISTORY STATEMENT

m				IMPORTANT			
This form must be executed in the ink. If additional space is needed for	applicant's own handwri	ting, in	Applican	it must indicate:			
should be continued on a separate sh	eet, each entry numbered	to cor-	Title of Consultant				
respond to the number of the questio		37	Position	: Consultar			
1. Name: (Print) FAROLL		()	Agency Departn				
	(Middle)	(Last)		ried woman, give full mai	den name:		
2. Address: N. V. T. Adminit	Hr inglus	100					
3. Place of birth:		(State) 4. Date of		First) (Middle)	(Last)		
Photo la.	uda	4		8	1910		
5. (a) Name of father:	(Country)	(b) Address	nth)	(Day)	(Year)		
Taranta Taran	c						
(c) Place and date of his birth:	130000	FRC	2350	Ð			
(c) Trace and date of his birth:	Russia		land.	unu int	var vitarii s		
(City)	(State)		(Month)				
6. (a) Name of mother (including maid	en name):	(b) Address		(Da;)	(Year)		
(c) Place and date of her birth:	weiting	. 33	le	ucolu 14			
(c) Place and date of her birth:	Je 19.	4	11	oren _			
Mengin	1 were			7.11	-		
(410)	(State)		(Month)	(Day)	(Year)		
7. If foreign-born, give the following inf (a) Date of arrival in U. S.:	The second secon						
(a) Pave of arrival in U. S.:	(b) Port of entry:			(c) Name of vessel of arrival:	r other means of		
(Month) (Day) (Year)							
(d) Place of naturalization:	(e) Date of naturaliz	ation:		(f) Court of naturalizat	ion:		
(City)	And the second s						
(City) (State) (g) Naturalization certificate No.:	(h) Name under which	ch naturaliza	d.				
	(17)	The state of the s					
	(Firs	t)		(Middle)	(Last)		
 If citizenship was derived through pasship was derived: 	rent or through marriage,	give following	g informat	tion regarding person thro	ough whom citizen-		
(a) Name and relationship:			1	(b) If husband, date and	nlace of marriage		
					place of marriage.		
(c) Date of arrival in U. S.:	(d) Port of entry:			(e) Name of vessel or other means of			
		-		arrival:	outer means of		
(f) Place of naturalization:		-	-				
y			-11.00 July	(g) Date of naturalization	on:		
(City)	(State)			And the same of th			
(h) Court of naturalization:	(i) Naturalization cer	rtificate No.:		(j) Name under which i	aturalized:		
					The same of the sa		
0 Education Circle 12 12 12	8 70 00 8 5			- A			
9. Education.—Give in the blanks below (a) Grammar school: Attended	a detailed statement of you						
from Fib 1973	Highest grade com- pleted:			e and location):	T: ()		
Towns of the second sec	10	Attended	from	th 1,1/27, to	10.		
to 50, 1977	are	Highest ye	ear comple	eted: all Were	you graduated?		
(c) College or trade or technical school (n	ame and location):	Kind of cour	rse pursue	d, and degrees, if any, re	ceived:		
0/.4	~~./						
Attended from Spt., 171,	to, 1 954	**********		<u></u>)			
Highest year completed	Were you				· ·		
	graduated?VV	********					
	77.45						

10. Experience.—Below, give a statement in chronological order of all your experience, beginning with your first full-time employment and including your present employment. Any periods of unemployment should be accounted for. Give addresses and names of persons with whom you lived during such periods. If in the military or naval service during the past 5 years, give names of organizations, and date and location of service with each; and place, date, type of discharge, and rank at the time of discharge.

Place of employment	Date of employment	Name and address of employer	Position and salary	Names, position one supervisor employment	ns, and present address of and one associate in each	Reasons for leaving (if dis- charged or forced to resign, give detailed ex- planation; use separate sheet if needed)
State:	From: 4V (Mo.) (Year) To: 1 44	Army hash DC &	Cpl Cpl	Heigh B.	R Propos.	Honole Discleane
City:	From: 134 (Mo.) (Year)	Delf	Free-			Intuited
City:	To: 1940	313 H. My MON	unter		211 11	was sermy,
State:	1934 (Mo.) (Year)	U. D. Sensia	Edita	Refer of	wohlfuth	formin att
City:	To: /939 From:	leath 11.	235120	Sil Ruspe	in D. 1) West	nune
1 son	1971	Rep 6y.	duk	Omtre	wil	wew to
State:	To: 1936	work y L	\$ 1440			Ause
City:	From: 1932	Vantos	menny	Carlos	a rend -	To amo h
State:	To: (Year)	newstartin	tweet store	e down	mon Co.	work.
City:	From:			11	i.	
State:	(Mo.) (Year)					
City:	To: From:					
State:	(Mo.) (Year)					
City:	To: From:					
State:	(Mo.) (Year)		•			
	To:	NAL SPACE IS REQUIRED I	FOR EXPERIENC	TE COMPINITE	ON ANOTHER BACES	
11. Indicate marit					naiden name of wife sh	ould be given):
Single Widowe	☐ Married	# Lillin	n Den	e Ws	ishes	ould be given).
13. Place and date	of birth of husbs	and (or wife):		01.		
13	Circle or	(State)		(Month)	(Day)	(Year)
14. If divorced, gi	ve following detai	ls: (b) Place:			(c) Name of court:	
(a) (Date) ((d) Were you plain		ear) (e) Grounds or	n which action w	vas bused:	(j) If minor children give judgment thereto:	or alimony involved.
15. Names and rel	ationships of depe	endents:				
Smile W		- mother				
16. List all outstan		to whom owed:				
^	P 1	o a atana	2.01			

17.	Have you ever been sued?	(b) If	so, give details, su	ch as date, place, court	, amount of each judg	ment and final disposition:
	MA					
	(a)(Yes or No)					
18	Have you ever been adjudicated	1				
10,	bankrupt or made assignment					
	for benefit of creditor?	(1) TE	daka mam	ne, and location of cou	w+.	(c) Date of discharge in
	100	(0) 11	so, give date, nam	ie, and location of cou	LU.	bankruptey:
	(a)					
10	(Yes or No) Within the past 12 months have yo	ni need	20 Prior to the	past 12 months, did	21 If you have a	nswered "Yes" to either
200	alcoholic beverages to excess?	ra asca		coholic beverages to	Question	19 or 20, explain briefly:
	MA		excess?	100	biles les	11.0
	(Yes or No)		(Yes or	Mb)	- W W WO	W.W.
22.	Have you ever been arrested, and	or conv	icted for any bread	ch or violation of any		
	law, police regulation, or ordina	nce wha	tsoever?V	or No)		
	If so, list each arrest, giving dat position:	e, age a	t the time, place, c	ourt, charge, and dis-	***************************************	
23.	List all Federal Civil Service appl and grade received:	lications	filed, and Federal	Civil Service examina	itions taken, giving I	ame of examination, date,
	Brade recorred.			1		
-	T - 1 - 2 - 2 - 11			<u> </u>		
24.	List members of your family or rel of service:	latives i	n any part of the (Jovernment service, gi	ving names, addresse	s, relationship, and branch
				PT.		
	Lillian Warsher	9	mys	1110		
		Ĭ.				
25	List members of your family or re	lativos	residing in any for	pian country giving n	amae addrassas ralat	ionship and occupation of
201	each:	2101014.00	residing in any 101	oign country, giving in	amos, additossos, iciai	ionship, and occupation of
1	1					
1	MANO.					
	100100					
26	Are you a member of any Commi	unist or	German Bund or	ranization or any nolit	tical party or organiz	etion which advocates the
201	Are you a member of any Commoverthrow of our constitutional any group, association, or organization.	form of	government in the	United States, or do	you have membership	in, or any affiliation with,
	any group, association, or orga	nization	which advocates,	or lends support to	any organization or i	novement advocating, the
	overthrow of our constitutional	form of	government in the	United States?	(Veg or No)	
	overthrow of our constitutional If so, name the organization:				(Teg OL IAO)	
	Give complete details in the spa	ce imme	cuatery below, or c	n a sneet to be attache	ed nereto.	

ast your residence addresses of, two	s during the nearest neig	past 5 year hbors in each					nes of, and the pres r realty companies.
From	Year) to	(Month)	(Year) at Z	(Number)	Wo Hing	how a	lengton Va
Neighbors: 1	Mr	Robert	Keres		N. No Hi	in sleam	E. Cingla
((Name	n.	,10		(Add		/
2	(Name	Whit	Clypo	1/	(Add	ress)	7 +
From(Month)	38 to) (Month)	Year) at	JIJ "H"	(Street)	Worth (City)	N. C
Neighbors: 1	min	no Cho	o Wair	dem	Son	ne	
2	(Name	P-E.X	filem	an	(Add	me	
From(Month)	(Year)	(Month)	(Year) at	(Number)	(Street)	(City)	(State)
Neighbors: 1	(Name))			(Add	ress)	***************************************
2	(Name)			***************************************	(Add	ress)	ČONIZE SONOM OCCUPENDA PREMER
From(Month)	(Year) to	(Month)	(Year)	(Number)	(Street)	(City)	(State)
Neighbors: 1	(Name)	7			(Add	ress)	00.000.000.000.000.000.000.000.000.000
2,	(Name)				(Add	ress)	
From(Month)	to	(Month)	(Year) at	(Number)	(Street)	(City)	(State)
Neighbors: 1	(Name)		TARAARIKSTANDADADES		(Addi	ress)	***************************************
2	(Name)				(Addr	ress)	
From (Month)	(Year) to	(Month)	(Year) at	(Number)	(Street)	(City)	(State)
Neighbors: 1						ess)	
						555)	
AND A COMMANDE	(Name)	+			(Addr	ess)	
CERTIFY that the f	oregoing stat	ements are t	rue and correc	t to the best of m	y knowledge a	and belief.	
12/0/16	1			1) 1 00000000000000000000000000000000000		Signature of applican	t)