

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last-First-Middle) CARANCI JOHN C	3. SEX M	4. DATE OF BIRTH 02/07/22	5. SCHEDULE/GRADE/STEP GS-11-06
6. SD	7. POSITION TITLE TECH	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City) WASH, D.C.	

SECTION II AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
	PCS	57/09/31 30-Sept 63	61/06/30 22 Sept - 69

APPROVED FOR RELEASE DATE:
12-Nov-2008

OVERSEAS DATA
 COPIED
 DATE: 18 NOV 1969
 INITIALS:

SECTION III EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
NO COLLEGE DEGREE ON RECORD			

SECTION IV				GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL			
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY - CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
		Sept 11, 1960			X		
		Residence 6 yrs.	6 yrs PCS	X			X
		2-					X

SECTION V TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED - - CHECK (X) APPROPRIATE ITEM:

GREGG SPEEDWRITING STENOTYPE OTHER-SPECIFY:

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comptometer, mimeograph, card punch, etc.)

SECTION VI SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

GOLF - Average from 80-90 strokes per 18 holes.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed, sending & receiving) OFFSET PRESS, TURRET LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. 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, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC.?

YES ~~NO~~ *Surgical Tech.*

4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number if known)

SURGICAL TECHNICIAN

Diploma - 1944 - U.S. Army Medical School

Walter Reed, WASH. D.C.

5. FIRST LICENSE/CERTIFICATE (year of issue)

6. LATEST LICENSE/CERTIFICATE (year of issue)

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

NA

9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

NA

SECTION VII MILITARY SERVICE

CURRENT DRAFT STATUS

1. ARE YOU REGISTERED FOR THE DRAFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. SELECTIVE SERVICE CLASSIFICATION <i>TO OLD</i>
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON

MILITARY SERVICE RECORD (Active Duty Only)

1. MILITARY ORGANIZATION (Army, Navy, etc. - specify) <i>U.S. Army</i>	2. BRANCH OR CORPS <i>Medical Corps</i>	3. DATES OF SERVICE (extended active duty) FROM -- <i>17 Oct 42</i> TO -- <i>5 Feb. 46</i>
4. STATUS (Regular, Reserve, etc. - specify) <i>Discharged</i>	5. RANK, GRADE OR RATE (at separation if past service) <i>T-5</i>	6. SERIAL, SERVICE OR FILE NUMBER <i>31182993</i>
7. CHECK TYPE OF SEPARATION <input checked="" type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> UNDUE HARDSHIPS <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY		

8. BRIEF DESCRIPTION OF MILITARY DUTIES (record the duties and skills which best describe your work or function in the military service).

Surgical Tech. Major tray & Circulate nurse in operator's room. change surgical dressings, irrigate wounds, skin hypodermic shots of all types. remove sutures, treat minor wounds & Burns in Dispensary.

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD
	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE <i>NA</i>		<input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION		
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED				

5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (record the duties and skills which best describe your work or function in the military service).

6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS.

MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
<i>U.S. Army Medical School Walter Reed, Wash. D.C.</i>	<i>Surgical Tech.</i>	<i>1944</i>	RESIDENT
			CORRESPONDENCE
			AGENCY-SPONSORED
			RESIDENT
			CORRESPONDENCE
			AGENCY-SPONSORED
			RESIDENT
			CORRESPONDENCE
			AGENCY-SPONSORED
			RESIDENT
			CORRESPONDENCE
			AGENCY-SPONSORED

