

READ THIS FIRST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. **It must be signed and witnessed.** The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return **signed and witnessed.** If you are married, Appendix 1 is also to be read by your spouse and **signed and witnessed** in the section provided.

4. Medical Record (Form 2223)

a. This form is to be completed by **you.** You have the option, however, of:

1. Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved.

b. If you desire to complete the form now, proceed as follows:

1. Answer all items
2. Each item checked in Section 6 requires explanation of the following points on the reverse side of the form:
  - a. Age when occurred
  - b. Exact diagnosis if known
  - c. Type of treatment
  - d. Name and address of physician who treated
  - e. Remaining defects
3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report **in your own words** covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.
4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Please furnish three (3) passport-size photographs (head and shoulders view 2¼" X 2¼" minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

**CENTRAL INTELLIGENCE AGENCY**

WASHINGTON, D. C. 20505

Applicant Information  
Sheet No. 1

To all persons applying for employment  
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:

- a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
- b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
- c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
- d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
- e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "Clearance" of an applicant.

2. This comprehensive review may result in a determination that an applicant is not acceptable under the special employment criteria of the Agency. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. It should be understood by each applicant that appointments are extremely competitive and that not everyone who is investigated is finally employed. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. An offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not appointed.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

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(Signature of Applicant)

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C. 20505

Applicant Information  
Sheet No. 2

1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview, is conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:

- a. professional competence
- b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
- c. any deliberate misrepresentations, falsifications, or omission of material facts
- d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
- e. physical fitness
- f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
- g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
- h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
- i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

(over)

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or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means

- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
- k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
- l. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
- m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States

2. In considering applicants for employment, Central Intelligence Agency standards oblige strict interpretation of the above and other factors involved in selecting employees. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to consult a Security, Medical or Personnel Officer of the Agency and discuss the matter in strict confidence before proceeding with his application.

# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

— DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS —

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully — **USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

### SECTION I

### GENERAL PERSONAL AND PHYSICAL DATA

<b>GENERAL</b>	1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number
	5. Nicknames			6. Other names you have used		
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
	8. If legal change of name, give particulars (Where and by what authority)					
	9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
	15. Scars (Type and location)			16. Other distinguishing physical features		
	17. Current address (No., Street, City, State & ZIP code — country if not U.S.)				18. Current phone number	19. Long distance area code
	20. Permanent address (No., Street, City, State & ZIP code — country if not U.S.)				21. Permanent phone number	22. Long distance area code
	23. Office phone number		24. Office extension		25. Legal residence (State, territory or country)	

### SECTION II

### POSITION DATA

<b>POSITION DATA</b>	1. Indicate the type of work or position for which you are applying					
	2. Indicate the lowest annual entrance salary you will accept \$ _____			3. Dates available for employment Earliest: _____ Latest: _____		
	4. Indicate your willingness to travel			5. Indicate your willingness to accept assignment in the following locations — check (X) each item applicable		
	Occasionally		Other (Specify):	Washington, D.C.		Outside continental U.S.
	Frequently			Anywhere in U.S.		Certain locations only (Specify):
	Constantly					
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area						
(For Office Use Only)					Date of this application	

**SECTION III**

**CITIZENSHIP**

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

CITIZENSHIP

**SECTION IV**

**EDUCATION**

ELEMENTARY SCHOOL							
1. Name of elementary school	Address (City, State, Country)		Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No			
HIGH SCHOOLS							
1. Name of high school	Address (City, State, Country)		Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name of high school	Address (City, State, Country)		Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE OR UNIVERSITY STUDY							
Name and location of college or university	Subject		Years attended From - to -	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
Name and address of school		Study or specialization		From	To	No. of months	
1.							
2.							
3.							
4.							

EDUCATION

EDUCATION

**MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

Other education or training not indicated above

**SECTION V**

**FOREIGN LANGUAGE ABILITIES**

FOREIGN LANGUAGE ABILITY

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.  
 If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.  
 If you have no proficiency in any foreign language, check (X) box at right and leave other items blank.

Level of Skill					HOW ACQUIRED [Check (X) Box(es) which apply]			
(Slight)	2	3	4	(Native)				
1	2	3	4	5				
0 = No proficiency in a specific skill factor								
SKILL FACTORS								
Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected?  Yes  No

(For Office Use Only)



**SECTION VI**

**GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL**

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by— Check (X)			
				Residence	Travel	Study	Work Assignment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued →

**SECTION VII**

**TYPING AND STENOGRAPHIC SKILLS**

**TYPING STENO**

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 VIII**

**SPECIAL QUALIFICATIONS**

**SPECIAL QUALIFICATIONS**

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.

2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.

3. Excluding business equipment or machines which you may have listed in Item 4, section VII, 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.

4. 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

5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)

6. First License/Certificate (year of issue)

7. Latest License/Certificate (year of issue)

8. 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.)

9. Indicate any devices which you have invented and state whether or not they are patented.

10. List public speaking and public relations experience.

11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

**SECTION IX**

**MILITARY SERVICE**

**CURRENT DRAFT STATUS**

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?	<input type="checkbox"/> Yes	2. Selective Service classification	3. If deferred, give reason
	<input type="checkbox"/> No		
4. Local Selective Service Board Number and Address			

**MILITARY SERVICE RECORD**

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)

(1) 8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)

(2) 8. Brief description of military duties

Types of separation from active duty—record applicable number in item(s) 7 above	1—Honorable discharge	4—Retirement for service	7—Undue hardships
	2—Release to inactive duty	5—Retirement for combat disability	—Other—specify in item 7 in lieu of number
	3—Retirement for age	6—Retirement for physical disability	

**MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS**

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong	<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy ROTC
	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Nat'l Guard	<input type="checkbox"/> Army ROTC	<input type="checkbox"/> Air Force ROTC
1. Current rank, grade or rate	2. Date of appointment in current rank		3. Expiration date of current reserve obligation		

4. Check (X) current reserve category  Ready Reserve  Standby (active)  Standby (inactive)  Retired

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, National Guard, or ROTC Training Unit, identify the unit and its address	7. If you have a military mobilization assignment, identify the unit and its address
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MILITARY SERVICE

SECTION X

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**NOTE: LIST LAST POSITION FIRST.** Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

EMPLOYMENT HISTORY

(1)

1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			

(2)

1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			

(3)

1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			

(4)

1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings	9. Class; grade if Federal Service

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**EMPLOYMENT HISTORY (Continued)**

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**EMPLOYMENT HISTORY**

<b>(4)</b>	10. Description of duties	
	11. Reasons for leaving	

<b>(5)</b>	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
	10. Description of duties			
11. Reasons for leaving				

<b>(6)</b>	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
	10. Description of duties			
11. Reasons for leaving				

<b>(7)</b>	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
	10. Description of duties			
11. Reasons for leaving				

If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. → \_\_\_\_\_

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**SECTION XIII**

**FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

FATHER

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

**SECTION XIV**

**MOTHER** (Give same information for stepmother on a separate sheet)

MOTHER

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

**SECTION XV**

**BROTHERS AND SISTERS** (If marriage contemplated, fill in information for future brother-in-law)

**BROTHERS AND SISTERS**

(1)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
(2)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
(3)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
(4)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
(5)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
(6)	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	
	4. Date of birth	5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		

**SECTION XVI**

**FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)

**FATHER-IN-LAW**

1. Full name (Last—First—Middle)					
2. State other names he has used					
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.					
3. Date of birth		4. Place of birth			5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death		7. Cause of death			8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]			10. Date U.S. citizenship acquired		11. Where acquired (City, State, Country)
12. Naturalization certificate number			13. If alien, give alien registration number		14. Date and place of arrival in U.S.
15. Occupation			16. Present employer (Give last employer if father-in-law deceased or unemployed)		
17. Current address (Give last address, if deceased)					

**(For Office Use Only)**

**SECTION XVII**

**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

<b>MOTHER-IN-LAW</b>	1. Full name (Last—First—Middle—Maiden)		
	2. State other names she has used		
	Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
	3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Date of death	7. Cause of death	8. Citizenship (Country)
	9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
	12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
	15. Occupation	16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
	17. Current address (Give last address, if deceased)		

**SECTION XVIII**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

<b>RELATIVES WITH FOREIGN CONNECTIONS</b>	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

**SECTION XIX**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

<b>RELATIVES IN THE SERVICE OF THE UNITED STATES</b>	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		

(For Office Use Only)





**SECTION XXII**

**CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

**ORGANIZATIONS**

**NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).**

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

**SECTION XXIII**

**FINANCIAL STATUS**

**FINANCIAL STATUS**

1. Are you entirely dependent on your salary?  Yes  No

2. If your answer is "NO" to the above, state sources of other income

3. Credit references (banking institutions, charge accounts, etc.)

Name of institution	Address (City, State, Country)

4. Have you ever been in, or petitioned for, bankruptcy?  Yes  No

5. If your answer is "YES" to the above, give particulars, including court and date(s)

6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?  
 Yes  No

7. If your answer is "YES" to the above question, give complete details

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests?  Yes  No (If answer is "YES", furnish details in space below - Continue on separate sheet, if necessary)

**SECTION XXIV**

**PERSONAL DECLARATIONS**

**PERSONAL DECLARATIONS**

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States?  Yes  No

2. If you have answered "YES" to the question above, explain.

**PERSONAL DECLARATIONS (Continued)**

PERSONAL DECLARATIONS

3. Do you use or have you ever used intoxicants? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. If so, to what extent?
5. Do you use or have you ever used narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. If so, to what extent?
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.	
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.	
<b>Note Special Instructions</b>	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above. <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above. <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above. <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If your answer to either or both questions in Item 13 above is "Yes," give details.	

**SECTION XXV PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—Indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

**SECTION XXVI CERTIFICATION**

<p><b>YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED</b></p> <p>I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</p>	
1. Date of signatures	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

CERTIFICATION

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

[Empty space for extra details]

Space for extra details (Continued) - Reference each continued item by section and item number  
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\_\_\_\_\_  
(Signature)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Type or print  
carefully—use black ink

# PERSONAL HISTORY SUMMARY

		(For office use only)		(For office use only)	
<b>Applicant</b>	1. Full name (Last—First—Middle)	2. Date of birth	3. Place of birth		
	4. Other names used (Including maiden name) (Last—First—Middle)	5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)			
<b>Marital Status</b>	6. Name of spouse (Last—First—Middle—Maiden)	7. Date of birth	8. Place of birth (spouse)		
	9. Date & place of marriage	10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)			
	11. Former spouse(s)—full name(s)	12. If divorced, date & place of divorce			
<b>Education</b>	13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities:				
	Dates attended (From — To —)	Name & address of school	Degree received	Major subject	
<b>Employment</b>	14. Complete following for last three employment positions or last two years—begin with most recent or current position:				
	Dates employed (From — To —)	Name & address of employer	Employer's complete business address		
<b>Residences</b>	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:				
	Dates resided (From — To —)	Complete address (Number, Street, City, State)			
<b>Military</b>	(1) 16. Military service organization (Army, Navy, etc.—specify)	17. Serial number	18. Rank, grade or rate	19. Dates of service (From — To —)	
	(2) 20. Military service organization (Army, Navy, etc.—specify)	21. Serial number	22. Rank, grade or rate	23. Dates of service (From — To —)	
<b>Parents</b>	24. Father's full name (Last—First—Middle)	25. Date of birth	26. Place of birth (Father)		
	27. Father's current address (Number, Street, City, State)	28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)			
	29. Mother's full name (Last—First—Middle—Maiden)	30. Date of birth	31. Place of birth (Mother)		
	32. Mother's current address (Number, Street, City, State)	33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)			

**THIS SHEET MUST BE COMPLETED**

# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

**— DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS —**

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully— **USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will *help to speed the processing* of your application.

### SECTION I GENERAL PERSONAL AND PHYSICAL DATA

GENERAL	1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number
	5. Nicknames			6. Other names you have used		
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
	8. If legal change of name, give particulars (Where and by what authority)					
	9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
	15. Scars (Type and location)			16. Other distinguishing physical features		
	17. Current address (No., Street, City, State & ZIP code—country if not U.S.)			18. Current phone number	19. Long distance area code	
	20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)			21. Permanent phone number	22. Long distance area code	
	23. Office phone number		24. Office extension		25. Legal residence (State, territory or country)	

### SECTION II POSITION DATA

POSITION DATA	1. Indicate the type of work or position for which you are applying					
	2. Indicate the lowest annual entrance salary you will accept \$ _____			3. Dates available for employment Earliest: _____ Latest: _____		
	4. Indicate your willingness to travel			5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable		
	<input type="checkbox"/> Occasionally	Other (Specify): _____		<input type="checkbox"/> Washington, D.C.	<input type="checkbox"/> Outside continental U.S.	
	<input type="checkbox"/> Frequently			<input type="checkbox"/> Anywhere in U.S.	<input type="checkbox"/> Certain locations only (Specify): _____	
	<input type="checkbox"/> Constantly					
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area						
(For Office Use Only)				Date of this application		

**SECTION III**

**CITIZENSHIP**

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

**SECTION IV**

**EDUCATION**

ELEMENTARY SCHOOL							
1. Name of elementary school	Address (City, State, Country)		Years attended (From — to —)		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH SCHOOLS							
1. Name of high school	Address (City, State, Country)		Years attended (From — to —)		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Name of high school	Address (City, State, Country)		Years attended (From — to —)		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE OR UNIVERSITY STUDY							
Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
Name and address of school		Study or specialization		From	To	No. of months	
1.							
2.							
3.							
4.							



EDUCATION: (Continued)

**MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.**

EDUCATION

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

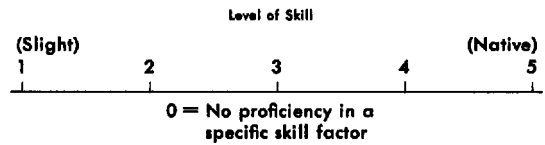
Other education or training not indicated above

**SECTION V**

**FOREIGN LANGUAGE ABILITIES**

FOREIGN LANGUAGE ABILITY

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.  
 If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.  
 If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. →



SKILL FACTORS					HOW ACQUIRED [Check (X) Box(es) which apply]			
Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? →  Yes  No

**(For Office Use Only)**

**SECTION VI**

**Approved Geographic Area Knowledge and Foreign Travel 00070010-2**

**GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL**

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by— Check (X)			
				Residence	Travel	Study	Work Assignment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued

**SECTION VII**

**TYPING AND STENOGRAPHIC SKILLS**

**TYPING STENO**

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 VIII**

**SPECIAL QUALIFICATIONS**

**SPECIAL QUALIFICATIONS**

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.

2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.

3. Excluding business equipment or machines which you may have listed in Item 4, section VII, 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.

4. 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

5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)

	6. First License/Certificate (year of issue)
	7. Latest License/Certificate (year of issue)

8. 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.)

9. Indicate any devices which you have invented and state whether or not they are patented.

10. List public speaking and public relations experience.

11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

**SECTION IX**

**MILITARY SERVICE**

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1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?	<input type="checkbox"/>	Yes	2. Selective Service classification	3. If deferred, give reason
	<input type="checkbox"/>	No		

4. Local Selective Service Board Number and Address

**MILITARY SERVICE RECORD**

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—		
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)	

(1) 8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—		
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)	

(2) 8. Brief description of military duties

Types of separation from active duty—record applicable number in item(s) 7 above	1—Honorable discharge	4—Retirement for service	7—Undue hardships
	2—Release to inactive duty	5—Retirement for combat disability	—Other—specify in item 7 in lieu of number
	3—Retirement for age	6—Retirement for physical disability	

**MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS**

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong	<input type="checkbox"/>	Army	<input type="checkbox"/>	Marine Corps	<input type="checkbox"/>	National Guard	<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Navy ROTC
	<input type="checkbox"/>	Navy	<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Air Nat'l Guard	<input type="checkbox"/>	Army ROTC	<input type="checkbox"/>	Air Force ROTC

1. Current rank, grade or rate	2. Date of appointment in current rank	3. Expiration date of current reserve obligation
--------------------------------	--	--

4. Check (X) current reserve category  Ready Reserve  Standby (active)  Standby (inactive)  Retired

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, National Guard, or ROTC Training Unit, identify the unit and its address	7. If you have a military mobilization assignment, identify the unit and its address
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MILITARY SERVICE

SECTION X

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**NOTE: LIST LAST POSITION FIRST.** Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

EMPLOYMENT HISTORY

(1)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service	
	10. Description of duties			
	11. Reasons for leaving			
	(2)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
		3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
		5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
		7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
		10. Description of duties		
11. Reasons for leaving				
(3)		1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
		3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
		5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
		7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
		10. Description of duties		
	11. Reasons for leaving			
	(4)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
		3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
		5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
		7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
		10. Description of duties		
11. Reasons for leaving				

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EMPLOYMENT HISTORY

(4)	10. Description of duties		
	11. Reasons for leaving		
(5)	1. Inclusive dates ( <i>From— to— by month &amp; year</i> )	2. Name of employing firm or agency	
	3. Address ( <i>Number, Street, City, State, Country</i> )	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(6)	1. Inclusive dates ( <i>From— to— by month &amp; year</i> )	2. Name of employing firm or agency	
	3. Address ( <i>Number, Street, City, State, Country</i> )	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(7)	1. Inclusive dates ( <i>From— to— by month &amp; year</i> )	2. Name of employing firm or agency	
	3. Address ( <i>Number, Street, City, State, Country</i> )	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor	<input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. <span style="float: right;">→ _____</span>			

**(For Office Use Only)**

**SECTION XI**

**MARITAL STATUS**

**MARITAL STATUS**

1. Present status (*Single, married, widowed, separated, divorced, annulled, remarried*) specify  $\rightarrow$

2. State date, place, and reason for all separation, divorces or annulments

Wife, husband or fiance(e)      If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance(e).

3. Name of spouse      (Last)      (First)      (Middle)      (Maiden)

4. State any other names ever used by spouse

Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

5. Date of birth      6. Place of birth (*City, State, Country*)      7. Date of marriage

8. Place of marriage (*City, State, Country*)      9. Living  Yes  No

10. Citizenship      11. Former citizenship(s) [*country(ies)*]      12. If alien, give alien registration number

13. Date U.S. citizenship acquired      14. Where acquired      15. Date and place of arrival in U.S.      16. Naturalization certificate number

17. Date of death      18. Cause of death

19. Current address (*Give last address, if deceased*)      20. Address of spouse before marriage

21. Occupation      22. Present employer (*Also give former employer, or if spouse deceased or unemployed, give last two employers*)

23. Employer's or business address (*Number, Street, City, State, Country*)

24. Dates of military service (*From — to — by month & year*)      25. Branch of military service      26. Country with which military service affiliated

27. Details of other government service, U.S. or foreign

**SECTION XII**

**CHILDREN AND OTHER DEPENDENTS**

**DEPENDENTS**

1. Provide the following information for all children and dependents:

Name	Relationship	Date & Place of Birth	Citizenship	Address

2. No. of children (*include stepchildren & adopted children*) who are unmarried, under 21 years of age, and are NOT self-supporting.  $\blacktriangleright$

3. No. of other dependents (*e.g., spouse, parents, stepparents, etc.*) who depend on you for at least 50% of their support or children over 21 NOT self-supporting.  $\blacktriangleright$

**SECTION XIII**

**FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

**FATHER**

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

**SECTION XIV**

**MOTHER** (Give same information for stepmother on a separate sheet)

**MOTHER**

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

**SECTION XV**

**BROTHERS AND SISTERS** (Including both step and adopted brothers and sisters)

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**BROTHERS AND SISTERS**

(1)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(2)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(3)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(4)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(5)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(6)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		

**SECTION XVI**

**FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)

**FATHER-IN-LAW**

1. Full name (Last—First—Middle)					
2. State other names he has used					
Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.					
3. Date of birth		4. Place of birth			5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death		7. Cause of death			8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]			10. Date U.S. citizenship acquired		11. Where acquired (City, State, Country)
12. Naturalization certificate number			13. If alien, give alien registration number		14. Date and place of arrival in U.S.
15. Occupation			16. Present employer (Give last employer if father-in-law deceased or unemployed)		
17. Current address (Give last address, if deceased)					

**(For Office Use Only)**



**SECTION XVII MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

<b>MOTHER-IN-LAW</b>	1. Full name (Last—First—Middle—Maiden)		
	2. State other names she has used		
	Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
	3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Date of death	7. Cause of death	8. Citizenship (Country)
	9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
	12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
	15. Occupation	16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
	17. Current address (Give last address, if deceased)		

**SECTION XVIII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

<b>RELATIVES WITH FOREIGN CONNECTIONS</b>	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

**SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

<b>RELATIVES IN THE SERVICE OF THE UNITED STATES</b>	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		

(For Office Use Only)



**SECTION XXII**

**CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

ORGANIZATIONS

**NOTE:** List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

**SECTION XXIII**

**FINANCIAL STATUS**

FINANCIAL STATUS

1. Are you entirely dependent on your salary?  Yes  No

2. If your answer is "NO" to the above, state sources of other income

3. Credit references (banking institutions, charge accounts, etc.)

Name of institution	Address (City, State, Country)

4. Have you ever been in, or petitioned for, bankruptcy?  Yes  No

5. If your answer is "YES" to the above, give particulars, including court and date(s)

6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?  
 Yes  No

7. If your answer is "YES" to the above question, give complete details

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests?  Yes  No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)

**SECTION XXIV**

**PERSONAL DECLARATIONS**

PERSONAL DECLARATIONS

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States?  Yes  No

2. If you have answered "YES" to the question above, explain.

**PERSONAL DECLARATIONS (Continued)**

PERSONAL DECLARATIONS

3. Do you use or have you ever used intoxicants? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. If so, to what extent?
5. Do you use or have you ever used narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. If so, to what extent?
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.	
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.	
<b>Note Special Instructions</b>	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If your answer to either or both questions in Item 13 above is "Yes," give details.	

**SECTION XXV PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

**SECTION XXVI CERTIFICATION**

<b>YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED</b>	
I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).	
1. Date of signatures	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

Space for extra details (Continued) - Reference each continued item by section and item number  
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\_\_\_\_\_  
(Signature)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Type or print  
carefully—use black ink

# PERSONAL HISTORY SUMMARY

		(For office use only)		
<b>Applicant</b>	1. Full name (Last—First—Middle)	2. Date of birth	3. Place of birth	
	4. Other names used (Including maiden name) (Last—First—Middle)	5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)		
<b>Marital Status</b>	6. Name of spouse (Last—First—Middle—Maiden)	7. Date of birth	8. Place of birth (spouse)	
	9. Date & place of marriage	10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)		
	11. Former spouse(s)—full name(s)	12. If divorced, date & place of divorce		
<b>Education</b>	13. Complete following for high school, trade, commercial & specialized schools (Exclude military training); colleges & universities:			
	Dates attended (From — To —)	Name & address of school	Degree received	Major subject
<b>Employment</b>	14. Complete following for last three employment positions or last two years—begin with most recent or current position:			
	Dates employed (From — To —)	Name & address of employer	Employer's complete business address	
<b>Residences</b>	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:			
	Dates resided (From — To —)	Complete address (Number, Street, City, State)		
<b>Military</b>	(1) 16. Military service organization (Army, Navy, etc.—specify)	17. Serial number	18. Rank, grade or rate	19. Dates of service (From — To —)
	(2) 20. Military service organization (Army, Navy, etc.—specify)	21. Serial number	22. Rank, grade or rate	23. Dates of service (From — To —)
<b>Parents</b>	24. Father's full name (Last—First—Middle)	25. Date of birth	26. Place of birth (Father)	
	27. Father's current address (Number, Street, City, State)	28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)		
	29. Mother's full name (Last—First—Middle—Maiden)	30. Date of birth	31. Place of birth (Mother)	
	32. Mother's current address (Number, Street, City, State)	33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)		

**THIS SHEET MUST BE COMPLETED**

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade  
 Abraham Lincoln School, Chicago, Illinois  
 Action Committee to Free Spain Now  
 Alabama People's Educational Association (see Communist Political Association)  
 American Association for Reconstruction in Yugoslavia, Inc.  
 American Branch of the Federation of Greek Maritime Unions  
 American Christian Nationalist Party  
 American Committee for European Workers' Relief (see Socialist Workers Party)  
 American Committee for Protection of Foreign Born  
 American Committee for Spanish Freedom  
 American Committee for the Settlement of Jews in Birobidjan, Inc.  
 American Committee for Yugoslav Relief, Inc.  
 American Committee to Survey Labor Conditions in Europe  
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity  
 American Council on Soviet Relations  
 American Croatian Congress  
 American Jewish Labor Council  
 American League Against War and Fascism  
 American League for Peace and Democracy  
 American National Labor Party  
 American National Socialist League  
 American National Socialist Party  
 American Nationalist Party  
 American Patriots, Inc.  
 American Peace Crusade  
 American Peace Mobilization  
 American Poles for Peace  
 American Polish Labor Council  
 American Polish League  
 American Rescue Ship Mission (a project of the United American Spanish Aid Committee)  
 American-Russian Fraternal Society  
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union  
 American Russian Institute, Philadelphia  
 American Russian Institute of San Francisco  
 American Russian Institute of Southern California, Los Angeles  
 American Slav Congress  
 American Women for Peace  
 American Youth Congress  
 American Youth for Democracy  
 Armenian Progressive League of America  
 Associated Klans of America  
 Association of Georgia Klans  
 Association of German Nationals (Reichsdeutsche Vereinigung)  
 Ausland-Organization der NSDAP, Overseas Branch of Nazi Party

Baltimore Forum  
 Benjamin Davis Freedom Committee  
 Black Dragon Society

Boston School for Marxist Studies, Boston, Massachusetts  
 Bridges-Robertson-Schmidt Defense Committee  
 Bulgarian American People's League of the United States of America

California Emergency Defense Committee  
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California  
 Carpatho-Russian People's Society  
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women  
 Central Japanese Association (Belkoku Chuo Nipponjin Kai)  
 Central Japanese Association of Southern California  
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)  
 Cervantes Fraternal Society  
 China Welfare Appeal, Inc.  
 Chopin Cultural Center  
 Citizens Committee for Harry Bridges  
 Citizens Committee of the Upper West Side (New York City)  
 Citizens Committee to Free Earl Browder  
 Citizens Emergency Defense Conference  
 Citizens Protective League  
 Civil Liberties Sponsoring Committee of Pittsburgh  
 Civil Rights Congress and its affiliated organizations, including:  
     Civil Rights Congress for Texas  
     Veterans Against Discrimination of Civil Rights Congress of New York  
 Civil Rights Congress for Texas (see Civil Rights Congress)

Columbians  
 Comite Coordinador Pro Republica Espanola  
 Comite Pro Derechos Civiles  
 (See Puerto Rican Comite Pro Libertades Civiles)  
 Committee for a Democratic Far Eastern Policy  
 Committee for Constitutional and Political Freedom  
 Committee for Nationalist Action  
 Committee for Peace and Brotherhood Festival in Philadelphia  
 Committee for the Defense of the Pittsburgh Six  
 Committee for the Negro in the Arts  
 Committee for the Protection of the Bill of Rights  
 Committee for World Youth Friendship and Cultural Exchange  
 Committee to Abolish Discrimination in Maryland  
 (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)  
 Committee to Aid the Fighting South  
 Committee to Defend Marie Richardson  
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners  
 Committee to Uphold the Bill of Rights  
 Commonwealth College, Mena, Arkansas  
 Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates



Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:  
 Alabama People's Educational Association  
 Florida Press and Educational League  
 Oklahoma League for Political Education  
 People's Educational and Press Association of Texas  
 Virginia League for People's Education  
 Congress Against Discrimination  
 (See Committee to Abolish Discrimination in Maryland)  
 Congress of American Revolutionary Writers  
 Congress of American Women  
 Congress of the Unemployed  
 Connecticut Committee to Aid Victims of the Smith Act  
 Connecticut State Youth Conference  
 Council for Jobs, Relief and Housing  
 Council for Pan-American Democracy  
 Council of Greek Americans  
 Council on African Affairs  
 Croatian Benevolent Fraternity

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)  
 Daily Worker Press Club  
 Daniels Defense Committee  
 Dante Alighieri Society (between 1935 and 1940)  
 Dennis Defense Committee  
 Detroit Youth Assembly

East Bay Peace Committee  
 Elsinore Progressive League  
 Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)  
 Everybody's Committee to Outlaw War

Families of the Baltimore Smith Act Victims  
 Families of the Smith Act Victims  
 Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)  
 Finnish-American Mutual Aid Society  
 Florida Press and Educational League (see Communist Political Association)  
 Frederick Douglass Educational Center  
 Freedom Stage, Inc.  
 Friends of the New Germany (Freunde des Neuen Deutschlands)  
 Friends of the Soviet Union

Garibaldi American Fraternal Society  
 George Washington Carver School, New York City  
 German-American Bund (Amerikadeutscher Volksbund)  
 German-American Republican League  
 German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)  
 Guardian Club

Harlem Trade Union Council  
 Hawaii Civil Liberties Committee  
 Heimusha Kai, also known as Nokubei Heiki Gimusha Kai, Zaihei Nihonjin, Heiyaku Gimusha Kai, and Zaihei Heimusha Kai (Japanese Residing in America Military Conscripts Association)  
 Hellenic-American Brotherhood  
 Hinode Kai (Imperial Japanese Reservists)  
 Hinomaru Kai (Rising Sun Flag Society — a group of Japanese War Veterans)  
 Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)  
 Hollywood Writers Mobilization for Defense  
 Hungarian-American Council for Democracy  
 Hungarian Brotherhood

Idaho Pension Union  
 Independent Party (Seattle, Washington)  
 (See Independent People's Party)

Independent People's Party  
 (See Independent Party)  
 Industrial Workers of the World  
 International Labor Defense  
 International Workers Order, its subdivisions, subsidiaries and affiliates  
 Japanese Association of America  
 Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)  
 Japanese Overseas Convention, Tokyo, Japan, 1940  
 Japanese Protective Association (Recruiting Organization)  
 Jefferson School of Social Science, New York City  
 Jewish Culture Society  
 Jewish People's Committee  
 Jewish People's Fraternal Order  
 Jikyoku Inkaei (The Committee for the Crisis)  
 Johnson-Forest Group  
 (See Johnsonites)  
 Johnsonites  
 (See Johnson-Forest Group)  
 Joint Anti-Fascist Refugee Committee  
 Joint Council of Progressive Italian-Americans, Inc.  
 Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibei Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)  
 Knights of the White Camellia  
 Ku Klux Klan  
 Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)  
 Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)

Labor Council for Negro Rights  
 Labor Research Association, Inc.  
 Labor Youth League  
 League for Common Sense  
 League of American Writers  
 Lictor Society (Italian Black Shirts)

Macedonian-American People's League  
 Mario Morgantini Circle  
 Maritime Labor Committee to Defend Al Lannon  
 Maryland Congress Against Discrimination  
 (See Committee to Abolish Discrimination in Maryland)  
 Massachusetts Committee for the Bill of Rights  
 Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)  
 Maurice Braverman Defense Committee  
 Michigan Civil Rights Federation  
 Michigan Council for Peace  
 Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)  
 National Association of Mexican Americans (also known as Asocion Nacional Mexico-Americana)  
 National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)  
 National Committee for Freedom of the Press  
 National Committee for the Defense of Political Prisoners  
 National Committee to Win Amnesty for Smith Act Victims  
 National Committee to Win the Peace  
 National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)  
 National Council of Americans of Croatian Descent  
 National Council of American-Soviet Friendship  
 National Federation for Constitutional Liberties  
 National Labor Conference for Peace  
 National Negro Congress  
 National Negro Labor Council  
 Nationalist Action League

Nationalist Party of Puerto Rico  
Nature Friends of America (since 1935)  
Negro Labor Victory Committee  
New Committee for Publications  
Nichibel Kogyo Kaisha (The Great Fujii Theatre)  
North American Committee to Aid Spanish Democracy  
North American Spanish Aid Committee  
North Philadelphia Forum  
Northwest Japanese Association

Ohio School of Social Sciences  
Oklahoma Committee to Defend Political Prisoners  
Oklahoma League for Political Education (see Communist Political Association)  
Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington  
Palo Alto Peace Club  
Partido del Pueblo of Panama (operating in the Canal Zone)  
Peace Information Center  
Peace Movement of Ethiopia  
People's Drama, Inc.  
People's Educational and Press Association of Texas (see Communist Political Association)  
People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School  
People's Institute of Applied Religion  
Peoples Programs (Seattle, Washington)  
People's Radio Foundation, Inc.  
People's Rights Party  
Philadelphia Labor Committee for Negro Rights  
Philadelphia School of Social Science and Art  
Photo League (New York City)  
Pittsburgh Arts Club  
Political Prisoners' Welfare Committee  
Polonia Society of the IWO  
Progressive German-Americans, also known as Progressive German-Americans of Chicago  
Proletarian Party of America  
Protestant War Veterans of the United States, Inc.  
Provisional Committee of Citizens for Peace, Southwest Area  
Provisional Committee on Latin American Affairs  
Provisional Committee to Abolish Discrimination in the State of Maryland  
(See Committee to Abolish Discrimination in Maryland)  
Puerto Rican Comité Pro Libertades Civiles (CLC)  
(See Comité Pro Derechos Civiles)  
Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace  
Queensbridge Tenants League

Revolutionary Workers League  
Romanian-American Fraternal Society  
Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)  
Samuel Adams School, Boston, Massachusetts

Santa Barbara Peace Forum  
Schappes Defense Committee  
Schneiderman-Darcy Defense Committee  
School of Jewish Studies, New York City  
Seattle Labor School, Seattle, Washington  
Serbian-American Fraternal Society  
Serbian Vidovdan Council  
Shinto Temples (limited to State Shinto abolished in 1945)  
Silver Shirt Legion of America  
Slavic Council of Southern California  
Slovak Workers Society  
Slovenian-American National Council  
Socialist Workers Party, including American Committee for European Workers' Relief  
Sokoku Kai (Fatherland Society)  
Southern Negro Youth Congress  
Suiko Sha (Reserve Officers Association, Los Angeles)  
Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania  
Tom Paine School of Westchester, New York  
Trade Union Committee for Peace  
(See Trade Unionists for Peace)  
Trade Unionists for Peace  
(See Trade Unionists for Peace)  
Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union  
Union of American Croatians  
Union of New York Veterans  
United American Spanish Aid Committee  
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations  
United Committee of South Slavic Americans  
United Defense Council of Southern California  
United Harlem Tenants and Consumers Organization  
United May Day Committee  
United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)  
Veterans of the Abraham Lincoln Brigade  
Virginia League for People's Education (see Communist Political Association)  
Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey  
Washington Bookshop Association  
Washington Committee for Democratic Action  
Washington Committee to Defend the Bill of Rights  
Washington Commonwealth Federation  
Washington Pension Union  
Wisconsin Conference on Social Legislation  
Workers Alliance (since April 1936)

Yiddisher Kultur Farband  
Young Communist League  
Yugoslav-American Cooperative Home, Inc.  
Yugoslav Seamen's Club, Inc.



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**MEDICAL RECORD (To be completed by applicant)**

1. NAME				HEIGHT	2. ADDRESS
3. SEX	4. MARITAL STATUS	5. DATE OF BIRTH	6. NO. OF CHILDREN	WEIGHT	

**MEDICAL HISTORY**

6. CHECK BELOW IF YOU HAVE EVER HAD ANY OF THE FOLLOWING. EXPLAIN ALL CHECK MARKS ON REVERSE SIDE. IF NONE CHECK HERE

1 __ EPILEPSY	8 __ BLOODSPITTING	15 __ VARICOSE VEINS	22 __ FAINTING SPELLS	29 __ CANCER OR TUMORS	36 __ FREQUENT SORE THROAT
2 __ ARTHRITIS	9 __ POLIOMYELITIS	16 __ SWOLLEN GLANDS	23 __ RECTAL TROUBLE	30 __ FREQUENT INDIGESTION	37 __ CHOREA (ST. VITUS DANCE)
3 __ DIABETES	10 __ TUBERCULOSIS	17 __ TYPHOID FEVER	24 __ RHEUMATIC FEVER	31 __ PEPTIC (STOMACH) ULCER	38 __ DERMATITIS (SKIN TROUBLE)
4 __ PARALYSIS	11 __ DISCHARGE (EAR)	18 __ HEART TROUBLE	25 __ KIDNEY TROUBLE	32 __ BACKACHE OR SPRAIN	39 __ FREQUENT NOSE BLEEDING
5 __ JAUNDICE	12 __ EARACHES	19 __ CHRONIC COUGH	26 __ VENEREAL DISEASE	33 __ ASTHMA OR HAYFEVER	40 __ FREQUENT HEADACHES OR DIZZINESS
6 __ MALARIA	13 __ PLEURISY	20 __ HERNIA (RUPTURE)	27 __ SHORTNESS OF BREATH	34 __ DIFFICULTY OF URINATION	41 __ NERVOUS OR MENTAL BREAKDOWN
7 __ GOUT	14 __ PNEUMONIA	21 __ FREQUENT COLDS	28 __ CHRONIC CONSTIPATION	35 __ HIGH BLOOD PRESSURE	

6A. ILLNESSES NOT LISTED ABOVE	6B. DISEASES OF CHILDHOOD
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7. GIVE DETAILS OF ILLNESS, OPERATIONS (Include tonsils), INJURIES (Include fractures)

8. HAVE YOU ANY IMPAIRMENT OF SIGHT OR HEARING	9. HAS YOUR WEIGHT CHANGED IN LAST TWO YEARS <input type="checkbox"/> INCREASED <input type="checkbox"/> DECREASED HOW MUCH _____ LBS	10. MENSTRUAL HISTORY (Include date of last period)
11. HAVE YOU BEEN VACCINATED FOR SMALLPOX <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE _____	12. WHAT OTHER VACCINATIONS OR INOCULATIONS HAVE YOU HAD	13. HAVE YOU EVER USED ALCOHOLIC OR MALT LIQUORS TO EXCESS
14. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOL OR DRUG HABIT	15. WHEN DID YOU LAST CONSULT A PHYSICIAN (Give name of physician and date)	16. DO YOU SMOKE (If so how much)

17. MILITARY SERVICE

1. YEARS OF SERVICE \_\_\_\_\_ 2. BRANCH OF SERVICE \_\_\_\_\_ 3. DATE OF DISCHARGE \_\_\_\_\_

4. REASON FOR DISCHARGE \_\_\_\_\_ 5. ARE YOU APPLYING FOR OR RECEIVING ANY GOVERNMENT PENSION OR DISABILITY PAYMENTS \_\_\_\_\_ 5A. IF SO, WHAT PERCENTAGE OF DISABILITY \_\_\_\_\_

6. PRESENT DRAFT MEDICAL STATUS \_\_\_\_\_ 7. IF 4F, FOR WHAT REASON \_\_\_\_\_

18. HAVE YOU EVER BEEN REFUSED INSURANCE	19. HAVE YOU ANY COMPENSATION CLAIM PENDING
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20. FAMILY RECORD AND MEDICAL HISTORY

FAMILY (Include siblings)	AGE	LIVING (State of health)	DECEASED (Cause)	AGE AT DEATH	HAS ANY MEMBER OF YOUR FAMILY EVER HAD:			MEMBER OF FAMILY
					DISEASE	YES	NO	
FATHER					TUBERCULOSIS			
MOTHER					CANCER			
HUSBAND					INSANITY			
WIFE					EPILEPSY			
					DIABETES			
					APOPLEXY (Stroke)			
					HEART TROUBLE			
					KIDNEY TROUBLE			
					HIGH BLOOD PRESSURE			

I certify that the foregoing statements are true to the best of my knowledge and belief. I understand that leaving out or misrepresenting facts called for above may be the cause for refusal of employment or separation from the organization.

I hereby grant permission to the examining physician to disclose any and all information herein or hereinafter furnished by me to the organization as may be deemed necessary.

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DATE

SIGNATURE OF APPLICANT

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NAME \_\_\_\_\_

OFFICE OF MEDICAL SERVICES

PRIVILEGED MEDICAL INFORMATION

THIS ENVELOPE NOT TO BE USED FOR MAILING PURPOSES

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