

# OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

CENTRAL INTELLIGENCE AGENCY  
(Department or Establishment)

(Bureau or Division)

WASHINGTON, D. C.  
(Place of Employment)

**A.**  
**OATH OF OFFICE**

I, G. FRED ALBRECHT,  
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter: SO HELP ME GOD:

**B.**  
**AFFIDAVIT**

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C.**  
**DECLARATION OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc.; as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date; except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

APPROVED FOR  
RELEASE DATE:  
05-Aug-2009

*G. Fred Albrecht*  
(Signature of Appointee)

Subscribed and sworn before me this 9th day of February A. D., 1948

at Washington (City), D. C. (State)

[SEAL] Chapter 145, Title II, Sec. 206  
Act of June 26, 1943

\_\_\_\_\_  
(Signature of Officer)

Appointment Clerk  
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

9 February 1948  
(Date of Entrance on Duty)

Information & Editorial Spec. CAF-5 \$2614.80  
(Position to which appointed)

May 25 1919  
(Date of Birth)

## DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 1627 Connecticut Ave. N.W. Washington D.C.  
(Street and Number) (City and State)

2. Who should be notified in case of emergency? John P. Rosendall Under  
(Name) (Relationship)  
5519 - 9th St. N.W. Washington, D.C.  
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? No If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			

4. Place of birth Milwaukee Wisconsin  
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing <b>X</b> in proper column	Yes	No	12. Space for detailed answers to other questions.																				
5. Are you a citizen of the United States? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM NO.</th> <th style="width: 90%;">Write in left column numbers of items to which detailed answers apply</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8</td> <td> </td> </tr> <tr> <td style="text-align: center;">12</td> <td>Veterans Administration disabled person \$43.80 a month for hip injury</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	ITEM NO.	Write in left column numbers of items to which detailed answers apply	8		12	Veterans Administration disabled person \$43.80 a month for hip injury														
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12	Veterans Administration disabled person \$43.80 a month for hip injury																						
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? _____ (2) this agency in connection with this appointment? _____	<input type="checkbox"/>	<input type="checkbox"/>																					
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? _____ If so, state the place, position, and salary under Item 12.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? _____	<input type="checkbox"/>	<input type="checkbox"/>																					
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? _____ If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? _____ If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? _____ If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to observe provisions regarding political activity, and particularly for the following:

(1) **Identity** of appointees with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age**.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the allowances for appointment.

(3) **Citizenship**.—The responsibility for observing provisions of appropriation acts prohibiting or restricting the employment of aliens lies with the appointing

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) **Members of Family**.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the membership provision does not apply to temporary appointments for one year or less.