ICATION FOR FEDERAL EMPLOYME...

MD 92

STANDARD FORM 57-NOV. 1947 U. S. CIVIL SERVICE COMMISSION

| 2 DATES OF EMPLOYMENT (month, year) | | | | | |
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| San Diego, California | | Medical | Department, | www.Z.X | |
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| If more space is required, use a continuation sheet (St | andard Form No. 58) | or a sheet of paper th | he same size | as this page | . Write on eas | ch sheet ye | our nam |
| address, date of birth, and examination title. Attach 17. MILITARY TRAINING: In the space below, describe a | ny training received in | of training receive | ed, such as b | ours per w | eek. Detailed | informati | ion rega |
| the Armed Services (not already listed under Item appointing officers in placing you most effectively. | Indicate actual amount | ing any special se pages may be used | to give full d | you attend escriptions. | ed is especially | mporter | nt. (Ex |
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| 18. EDUCATION. (Circle highest grade completed): | : (A) GIV | E NAME AND LOCATION O | F LAST HIGH SO | HOOL ATTEN | IDED | | |
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| MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY C | | JECTS STUDIED IN HIGH | | | | | |
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| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY | MAJOR AND SPECIALTY FRO | | DAY | NIGHT - | TITLE | DATE | SEMES HOUR CRED |
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| <u>University of Maryland</u> School of Medicine | Medarts 19: | 37 1941 | three | | <u>_</u> | /41 | - |
| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | SEMESTER | LIST YOUR C | HEF GRADUATE | COLLEGE SU | RIFCTS | | SEMEST |
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| Comparative Anatomy | | Moulage P | | | | | |
| | | n Anatomy | | | | | 1.2 |
| (E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY (THROUGH THE ARMED FORCES INSTITUTE (show name a of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATI | nd location | SUBJECTS STUDIED | i | DATES FROM | 4TTENDED TO | DAY | NIGH |
| DISCROOL) OR INSERVICE IMMINISTRATION OF PRIVATE | | | | | | - | - - - - - - |
| | | | | | | | |
| 9. INDICATE YOUR KNOWLEDGE OF READING SPEAKING FOREIGN LANGUAGES EXC. 6000: FAIR DXC. 6000: FAIR | -i FESS | YOU NOW DR HAVE YOU E. ION (such as pilot, ele | | | | | |
| German | | YES NO GIV | E KIND OF LICE | NSE AND STA | ATE: | | |
| Istin x 120 If you have traveled or resided in any foreign count | PIEC INDICATE | ENSE OR CERTIFICATE (| | | | 001 | 02 |
| (1) NAMES OF COUNTRIES. (2) DATES AND LENGTH OF TIME SPE (3) REASON OR PURPOSE (e. g., military service, busin | NT THERE AND 23. GIVE | ANY SPECIAL QUALIFICATE | IONS NOT COVE | RED ELSEWHE | RE IN YOUR APPL | ICATION SU | CH AS: |
| tion, recreation) | (9) Y (C) P (D) N | OUR MORE IMPORTANT F OUR PATENTS OR INVENT UBLIC SPEAKING AND PUI IEMBERSHIP IN PROFESSI | 'IONS BLIC RELATIONS ONAL OR SCIEN' | EXPERIENCE | : | leas reque | ested) |
| 21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND E CAN USE. SUCH AS OPERATION OF SHORT-WAYE RADIO, MULTIL! | H (E) H | onors and fellowship. | S RECEIVED. | | | in th | he |
| ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSI | U.S. | lavy Medica | al Bull | letin | | | |
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| | | euns 1941 ificate of | | | | State | |

| 24. REFERENCES: List three persons living in the United Stat your qualifications and fitness for the position for which you a | tes or Territore applying. | ories o Do : | f the United States who are NOT related to you and not repeat names of supervisors listed under Item 16 | who have definite knowle (EXPERIENCE). | dge of | | |
|--|--|-----------------|---|--|---|--|--|
| FULL NAME | (Give com | | PRESENT BUSINESS OR HOME ADDRESS current address, including street and number) | BUSINESS OR OCCUPAT | ION | | |
| Commander B.W.Ocsterling | U.S.Naval Dental School, NUMC | | | Dentist | | | |
| Commander H.V.Warden | U.S.Neval Hospital, NNMC | | | Doctor | | | |
| Ceptain: P Peterson | U.S.N | eve | l Hospital, NNMC | Doctor | | | |
| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLL | YES NMU | NO | INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN | PROPER COLUMN YES | NO | | |
| 25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING CHARACTER, OUALIFICATIONS, ETC.7. | YOUR 3 | | 35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, OR MUNICIPALITY? | | \mathbf{x} | | |
| 26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UI | NITED X | | If your answer is "Yes," give details in It 36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN | em 39. | | | |
| 27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMITANTY, U. S. A., OR ANY COMMUNIST ORGANIZATION! | זפואט | x | ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WOR HAVE LIVED WITHIN THE PAST 24 MONTHST. If your enswer is "Yes," show in Item 39 relative (1) full name; (2) present address; | for EACH such (3) relationship; | X | | |
| 26. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST OF | RGAN- | \mathbf{z} | (4) Department or Agency by which employed, and (5) kind of appointment. | | | | |
| 29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMSER OF ANY ORGANIZA ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHIC COCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERN OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROTHE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PER THEIR RIGHTS JUNGER THE CONSTITUTION OF THE JUNITED STATES OR OF SING TO ALTER THE FORM OF GOVERNMENT OF THE JUNITED STATES BY UNSTITUTIONAL MEANS? | ATION, H AD- MENT, ATION DVING RSONS SEEK- | x | SPECIAL INSTRUCTIONS FOR CLAIMING A. If you are claiming preference as a PEAC been awarded a campaign badge or service ribbe ERAN, or as the WIFE OF A DISABLED VET A WAR OR CAMPAIGN VETERAN, attact CSC Form 14, together with proof specified ther B. If you are a WAR-TIME VETERAN not you should NOT submit your discharge with this be tentatively credited to you and if appointed, to the appointing officer prior to entry on dut tion from active service in the armed forces of the | ETIME VETERAN whom, or as a DISABLED of the WIDOV has been determined to the Veteran Preference Coin. Claiming disability prefers application. Preference you will be required to suy, official evidence of se | VET- VOF claim, ence, will obmit | | |
| If your answer to question 27, 28, or 29 above is "yes," s in Item 39 the names of all such organizations, association movements, groups, or combination of persons and date membership. Give complete details of your activi- therein and make any explanation you desire regard | ons, | _ | 37. (A) WERE YOU EVER IN THE UNITED STATES MILITAR DURING TIME OF WAR? | | NO | | |
| your membership or activities therein. 30. SINCE YOUR 15TH BIRTHDAY, HAVE YOU EVER EEEN ARRESTED. INDIG OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCESS. OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROSATION, OR YOU EVER EEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE WITION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING M TRAFFIC VOILATIONS FOR WHICH A FINE OR FORFEITURE OF 125 OR LESS IMPOSED)? If your answer is "Yes," list all such cases under Item below. Give in each case (1) the date; (2) the nature of offense or violation; (3) the name and location of the co (4) the penalty imposed, if any, or other disposition of case. If appointed, your fingerprints will be taken. | DING. HAVE HOLA- HINOR WAS The | x | (B) IS THE WORD "HONORABLE" OR THE WORD "S. IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW DISCHARGE OR SEPARATION. (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIP MILITARY PAY AND ALLOWANCES? (D) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF COMMENT OF SERVICE (Army, Navy, Maries Corps, Coast Guard, etc.) BRANCH OF SERVICE (Army, Navy, Maries Corps, Coast Guard, etc.) | THE TYPE OF YOUR ME BASIS, WITH FULL A F SEPARATION OR SEPARATIO 11 Active NO. (if none, give grace TENTITY of separatio.) | de or n). | | |
| 31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MIS DUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION1 | | х | 38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY DURING PEACETIME ONLY. DID YOU PARTICIPATE IN A CATION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIB: | OR NAVAL SERVICE | NO | | |
| 52. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISE ROOM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENT of your answer is "Yes," give dates of and reasons such debarment in Item 39. | NTS? | X | Item 33, explain in Item 39 below. (C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT RE | MARRIED7 | | | |
| 33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISEASE WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK! If your answer is "Yes," give complete details in Item 3, that consideration can be given to your physical fitness the job. | 9 50 | x | (D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SOUSABILITY WHICH DISOUALIFIES HIM FOR CIVIL SERVICE THIS SPACE FOR USE OF APPOINTING The information contained in the answers to Que | NG OFFICER ONLY | veri- | | |
| 34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DIST OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PEN OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE! | ISION | x | Agency: | G Walx | #3 [] | | |
| 39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate in the second secon | tem numb | | which answers apply). | | 77 | | |
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| If more space is required, use paper the same size as this pay f this application. | ge. Write o | n cacl | sheet your name, address, date of birth, and exami | nation title. Attach to is | aside | | |
| Before signing this application check back over I CERTIFY that the statements made by me is and belief, and are made in good faith. | in this ap | plicat | tion are true, complete, and correct to the | correctly. best of my knowled | dge | | |
| is punishable by Law (U. S. Code, Title 18, Section 80). | GNATURE C | (Sign | your ramoin INK (one giver ne, initial or initia | ls, and surname. If fem ime as "Mrs. Mary L. De | | | |