

JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

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TO :
TITLE : PERSONAL HISTORY STATEMENT
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PERSONAL HISTOR

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MATERIALS.

[R] - ITEM IS RESTRICTED 104-10104-10167

1577/Arch 65

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; avoid using light color inks.
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.

W. M. EDWARDS

SECTION I GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (Last-first-middle) HUBER Herbert Gottlieb		2. Age 34	3. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number 218 26 5322
5. Nicknames None		6. Other names you have used None			
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above NA					
8. If legal change of name, give particulars (Where and by what authority) NA					
9. Height 74"	10. Weight 201	11. Color of eyes Brown	12. Color of hair Brown	13. Type of complexion Medium	14. Build Medium
15. Scars (Type and location) Appendectomy		16. Other distinguishing physical features None			
17. Current address (No., Street, City, State & ZIP code—country if not U.S.) 90-A Azalea Drive Shaw AFB, South Carolina 29152			18. Current phone number 436-6150	19. Long distance area code 803	
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.) 221 Quaint Acres Drive Silver Spring, Maryland			21. Permanent phone number MA 2-0697	22. Long distance area code 301	
23. Office phone number Shaw AFB (775-1111)		24. Office extension 7252 & 2144	25. Legal residence (State, territory or country) Maryland		

SECTION II 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: May 12, 1965 Latest:	
4. Indicate your willingness to travel: <input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/> Other (Specify):	
5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable <input checked="" type="checkbox"/> Washington, D.C. <input type="checkbox"/> Anywhere in U.S. <input checked="" type="checkbox"/> Outside continental U.S. <input type="checkbox"/> Certain locations only (specify):	
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area None (Preference for Southeast and Texas west in U.S. and Europe, overseas.)	

(For Office Use Only)

SECTION III

CITIZENSHIP

1. Date of birth January 8, 1931		2. Place of birth (City, State, Country) Baltimore, Maryland, USA		3. Present citizenship (Country) USA	
4. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		5. Date naturalized NA		6. Naturalization certificate number NA	
7. Court issuing naturalization certificate NA		8. Issued at (City, State, Country) NA			
9. If alien, give alien registration number NA		10. Date of arrival in U.S. NA			
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If yes, give name of country NA			
13. Give particulars concerning previous nationalities NA					
14. Last U.S. visa (Number, type, place of issue) NA				15. Date visa issued NA	

SECTION IV

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify → Married			
2. State date, place, and reason for all separations, divorces or annulments NA			
Wife, husband or fiancé		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 fiancé.	
3. Name of spouse (First) (Middle) (Maiden) (Last) Bernadette Marilyn Early Huber			
4. State any other names ever used by spouse None			
Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
5. Date of birth December 15, 1932		6. Place of birth (City, State, Country) Duluth, Minnesota, USA	
8. Place of marriage (City, State, Country) Duluth, Minnesota		7. Date of marriage February 5, 1955	
10. Citizenship USA		11. Former citizenship(s) [country(ies)] None	
13. Date U.S. citizenship acquired NA		14. Where acquired NA	
17. Date of death NA		18. Cause of death NA	
19. Current address (Give last address, if deceased) 90-A Azalea Drive, Shaw AFB, South Carolina 29152			
20. Occupation Wife and Mother		21. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers) NA	
22. Employer's or business address (Number, Street, City, State, Country) NA			
23. Dates of military service (From—to—by month & year) Jan 52 to Jan 55		24. Branch of military service U.S. Air Force	
25. Country with which military service affiliated USA			
26. Details of other government service, U.S. or foreign None			

SECTION V

CHILDREN AND OTHER DEPENDENTS

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

Name	Relationship	Date & Place of Birth	Citizenship	Address
Bernadette Marilyn Huber	Wife	December 15, 1932 Duluth, Minnesota	USA	90-A Azalea Drive Shaw AFB, S.C.
Michele Gisella Huber	Dau	May 26, 1955 Washington, D.C.	USA	90-A Azalea Drive Shaw AFB, S.C.
Mark Gottlieb Huber	Son	July 16, 1956 Austin, Texas	USA	90-A Azalea Drive Shaw AFB, S.C.
Stephen Edward Huber	Son	July 10, 1958 Houston, Texas	USA	90-A Azalea Drive Shaw AFB, S.C.
David Gottfried Huber	Son	May 13, 1961 Wiesbaden Germany	USA	90-A Azalea Drive Shaw AFB, S.C.

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

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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.

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SECTION VI

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

1. Full name (Last—First—Middle)			
Huber Gottlieb NMI			
2. State other names he has used			
None			
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth (City, State, Country)	5. Living	
July 4, 1904	Unterschutzen, Austria	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
NA	NA	USA	
9. Former citizenship(s) (country(ies))	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)	
Austria	May 13, 1929	Baltimore, Maryland	
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date of arrival in U.S.	
2929076	NA	April 1923	
15. Current address (Give last address, if deceased)			
221 Quaint Acres Drive, Silver Spring, Maryland			
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)		
Construction Superintendent	Charles H. Thompkins Co.		
18. Employer's business address or father's business address if self-employed			
16th Street, NW, Washington, D.C.			
19. Dates of military service (From— to—)	20. Branch of military service	21. Country with which affiliated	
NA	NA	NA	
22. Details of other government service, U.S. or foreign			
None			

SECTION VII

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

1. Full name (Last—First—Middle—Maiden)			
Huber Gisella NMI Graf			
2. State other names she has used			
None			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living	
Feb 17, 1909	Unterschutzen, Austria	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
Nov 9, 1949	Suicide	USA	

MOTHER (Continued)

9. Former citizenship(s) [country(ies)] Austria	10. Date U.S. citizenship acquired Sep 9, 1940	11. Where acquired (City, State, Country) Baltimore, Maryland
12. Naturalization certificate number 4984929	13. If alien, give alien registration number NA	14. Date of arrival in U.S. Sep 1929
15. Current address (Give last address, if deceased) Deceased - 615 Lycoming Avenue, Silver Spring, Maryland		
16. Occupation NA	17. Present employer (Give last employer if mother deceased or unemployed) NA	
18. Employer's business address or mother's business address if self-employed NA		
19. Dates of military service (From— to—) NA	20. Branch of military service NA	21. Country with which affiliated NA
22. Details of other government service, U.S. or foreign None		

SECTION VIII BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

(1)	1. Full name (Last—First—Middle—Maiden) Huber Walter Edward	2. Relationship Brother	3. Citizenship (Country) USA
	4. Date of birth Jun 23, 1932	5. Place of birth (City, State, Country) Baltimore, Maryland, USA	6. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed) GSA - Civil Service	8. Current address (Give last address, if deceased) 502 Calvin Lane, Rockville, Maryland	
(2)	1. Full Name (Last—First—Middle—Maiden) Huber Alfred Graf	2. Relationship Brother	3. Citizenship (Country) USA
	4. Date of birth Apr 13, 1935	5. Place of birth (City, State, Country) Baltimore, Maryland, USA	6. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed) DNA - Civil Service	8. Current address (Give last address, if deceased) 3131 Christine Ave, Beltsville, Maryland	
(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)	

(For Office Use Only)

SECTION IX

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

1. Full name, (last-first-middle) Early Bernard Joseph		
2. State other names he has used None		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth Jul 6, 1900 (?)	4. Place of birth Duluth, Minnesota	5. Living <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Date of death Dec 26, 1934	7. Cause of death Tuberculosis	8. Citizenship (Country) USA
9. Former citizenship(s) [country(ies)] None	10. Date U.S. citizenship acquired NA	11. Where acquired (City, State, Country) NA
12. Naturalization certificate number NA	13. If alien, give alien registration number NA	14. Date of arrival in U.S. NA
15. Occupation Unknown	16. Present employer (Give last employer if father-in-law deceased or unemployed) Unknown	
17. Current address (Give last address, if deceased) Deceased - 307 9th Ave. West, Duluth, Minnesota		

SECTION X

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

1. Full name (Last—First—Middle—Maiden) Early Mae Virginia Beach		
2. State other names she has used None		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth May 31, 1905	4. Place of birth Virginia, Minnesota	5. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death NA	7. Cause of death NA	8. Citizenship (Country) USA
9. Former citizenship(s) [country(ies)] None	10. Date U.S. citizenship acquired NA	11. Where acquired (City, State, Country) NA
12. Naturalization certificate number NA	13. If alien, give alien registration number NA	14. Date of arrival in U.S. NA
15. Occupation Officeworker	16. Present employer (Give last employer if mother-in-law deceased or unemployed) Plaunt Plumbing Co, Duluth, Minnesota	
17. Current address (Give last address, if deceased) 810 N 8th Ave. East, Duluth, Minnesota		

SECTION XI

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

(1)	1. Name (Last—First—Middle) Huber John NMI & family	2. Relationship Uncle	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #1 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	
(2)	1. Name (Last—First—Middle) Huber Edward NMI & family	2. Relationship Uncle	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #70 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	
(3)	1. Name (Last—First—Middle) Kurtz, Hermina NMI & family	2. Relationship Aunt	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #46 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	

RELATIVES WITH FOREIGN CONNECTIONS (Continued)

RELATIVES WITH FOREIGN CONNECTIONS

(4)	1. Name (Last—First—Middle)	Graf Leopold NMI & family	2. Relationship	Uncle	3. Date of birth	Unk	4. Place of birth (City, State, Country)	Unterschutzen, Aus	
	5. Citizenship (Country)	Austria	6. Address or country in which relative resides						#3 Unterschutzen, Austria
	7. Employed by	Self (farmer)	8. Frequency of contact	Seldom	9. Date of last contact				Dec 1964
(5)	1. Name (Last—First—Middle)	Kamer Gerti NMI (Huber) & family	2. Relationship	Cousin	3. Date of birth	Unk	4. Place of birth (City, State, Country)	Unterschutzen, Aus	
	5. Citizenship (Country)	Austria	6. Address or country in which relative resides						#22 Unterschutzen, Austria
	7. Employed by	Unknown	8. Frequency of contact	Seldom	9. Date of last contact				Dec 1964

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

RELATIVES IN THE SERVICE OF THE UNITED STATES

(1)	1. Name (Last—First—Middle)	Huber Walter Edward	2. Relationship	Brother	3. Date of birth	Jun 23, 32	4. Place of birth (City, State, Country)	Balto Md USA
	5. Citizenship (Country)	USA	6. Address (Number, Street, City, State, Country)			7. Type and location of service (If known)		
			502 Calvin Lane Rockville, Maryland			GSA - Civil Service Washington, D.C.		
(2)	1. Name (Last—First—Middle)	Huber Alfred Graf	2. Relationship	Brother	3. Date of birth	Apr 13, 35	4. Place of birth (City, State, Country)	Balto Md USA
	5. Citizenship (Country)	USA	6. Address (Number, Street, City, State, Country)			7. Type and location of service (If known)		
			3131 Christine Avenue Beltsville, Maryland			DNA - Civil Service Washington, D.C.		
(3)	1. Name (Last—First—Middle)	Huber Erwin Unknown	2. Relationship	Cousin	3. Date of birth	Unk	4. Place of birth (City, State, Country)	Canada (?)
	5. Citizenship (Country)	USA	6. Address (Number, Street, City, State, Country)			7. Type and location of service (If known)		
			6615 48th Street NW Tacoma, Washington 98467			USAF - Military McChord AFB, Wash State		

SECTION XIII EDUCATION

EDUCATION

ELEMENTARY SCHOOL							
1. Name of elementary school	2. Address (City, State, Country)		3. Years attended (From — to —)	4. Graduate			
Alex Hamilton #65	Baltimore, Maryland		Feb 37-Feb 43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
HIGH SCHOOLS							
1. Name of high school	2. Address (City, State, Country)		3. Years attended (From — to —)	4. Graduate			
Gwynns Falls Jr High #91	Baltimore, Maryland		Feb 43-Feb 46	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Baltimore City College	Baltimore, Maryland		Feb 46-Feb 49	<input checked="" 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. University of Maryland College Park, Md & Germany	Bus Adm	Educ	Sep 49 - Mar 63	BA	June 1963	B+ upper level courses Unk	128 sem
2. Mississippi Southern at Biloxi, Mississippi	Math		Sep 57 - Nov 57	No	NA	0	4 sem
3. University of Texas Austin, Texas	Math		Dec 56 - May 57	No	NA	A	6 sem
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.							
NA							

EDUCATION (Continued)

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Name and address of school	Study or specialization	From	To	No. of months
1 University of Benjamin Franklin Washington, D.C.	Accounting and Bus Law	Oct 54	Dec 54	3
2 University of Benjamin Franklin Washington, D.C.	Accounting and Bus Law	Sep 50	Dec 50	4
3.				

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

Name and address of school	Study or specialization	From	To	No. of months
1 AB 30330 Keesler AFB, Mississippi	Ground Electronic Countermeasures	Aug 57	Feb 58	7
2 AB 641XX Lowry AFB, Colorado	Air Force Supply	Mar 51	May 51	3
3.				

Other education or training not indicated above

FR-700 Ampex Video Tape Recorder Operation and Maintenance

On-duty Manufacturer's representative conducted training in Operation and Maintenance of Electronic Data Analysis Equipment

SECTION XIV

FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages on 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)	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
German	2	1	4	2	2		X	X	X
German (Burgenland dialect)	-	-	3	2	2			X	
Russian	0	0	1	0	0				X

2. If you have had experience as a translator, interpreter or instructor—explain
None

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.
None

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

SECTION XV

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

List below any foreign regions or countries in which you have travelled 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
Eng & Scotland	Limited	Jan-May 56		X			
Germany	General	Jun 59-63		X	X		
Holland	None	Apr 63			X		
Austria	Limited	61,62,63			X		

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

Eng & Scotland - Military Assignment
 Germany - Military Assignment
 Holland - Visit as tourist
 Austria - Visit Relatives

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

SECTION XVI

TYPING AND STENOGRAPHIC SKILLS

1. Typing (WPM) 30	2. Shorthand (WPM) 0	3. Indicate shorthand system used—check (X) appropriate item: <input type="checkbox"/> Gregg <input type="checkbox"/> Speedwriting <input type="checkbox"/> Stenotype <input type="checkbox"/> Other—Specify:
4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.) General office machines		

SECTION XVII

SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each. Swimming, Bowling, Fishing, Dancing - Amateur, but "hold my own"	
2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work. Education, training and work experience in techniques and procedures of Electronic Data Readout, Analysis and Evaluation, Maintenance and Operation of associated Equipment.	
3. Excluding business equipment or machines which you may have listed in item 4, section XVI, 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, scientific & professional devices. Maintenance and Operation of Electronic Data Analysis and Readout equipment	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) NA	6. First License/Certificate (year of issue) NA
7. Latest License/Certificate (year of issue) NA	
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.) NA	
9. Indicate any devices which you have invented and state whether or not they are patented. None	
10. List public speaking and public relations experience. None, other than college requirements and military training, as student and instructor	
11. List any professional, academic or honorary associations or societies of which you are now or were formerly a member. List academic honors you have received. Dean's List - University of Maryland	

SECTION XVIII

MILITARY SERVICE

CURRENT DRAFT STATUS

1. Are you registered for the Draft under the Universal Military Training & Service Act of 1948 (as amended)?	<input checked="" type="checkbox"/> X	Yes	2. Selective Service classification	3. If deferred, give reason
		No		

4. Local Selective Service Board Number and Address
 #53, Jessup-Blair House, Silver Spring, Maryland 20910

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) Air Force	2. Branch or Corps NA	3. Dates of service (extended active duty) From— Jan 8, 1951 To— May 11, 1965 Discharge effective Present
4. Status (Regular, Reserve, etc.—specify) Regular	5. Rank, grade or rate (at separation if past service) MSGT (P-1) E-7	6. Serial, service or file number AF13371224
		7. Type of separation from active duty (insert number for type which applies—see list below) <input checked="" type="checkbox"/> 1954 -1 <input checked="" type="checkbox"/> 1959 -1

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

(1) 30173 - Electronic Warfare Technician, with duty in Maintenance and Operation of Electronic Data Analysis equipment, Technical Advisor and Instructor in equipment maintenance and operation and analysis, mission and equipment and technical requirements, problems and procedures.

64173 - AF Supply Supervisor, responsible for management, supervision and operation of various organizational supply activities.

1. Military organization (Army, Navy, etc.—specify) NA	2. Branch or Corps NA	3. Dates of service (extended active duty) From— NA To—
4. Status (regular, reserve, etc.—specify) NA	5. Rank, grade or rate (at separation if past service) NA	6. Serial, service or file number NA
		7. Type of separation from active duty (insert number for type which applies—see list below) <input checked="" type="checkbox"/> NA

(2) 8. Brief description of military duties
NA

Types of separation from active duty—record applicable number in item(s) 7 above	<input checked="" type="checkbox"/> 1—Honorable discharge	<input type="checkbox"/> 4—Retirement for service	<input type="checkbox"/> 7—Undue hardships
	<input type="checkbox"/> 2—Release to inactive duty	<input type="checkbox"/> 5—Retirement for combat disability	<input type="checkbox"/> —Other—specify in item 7 in lieu of number
	<input type="checkbox"/> 3—Retirement for age	<input type="checkbox"/> 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 NA	2. Date of appointment in current rank NA	3. Expiration date of current reserve obligation NA	4. ROTC category number NA
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5. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive) Retired

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

7. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address NA	8. If you have a military mobilization assignment, identify the unit and its address NA
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SECTION XIX

EMPLOYMENT HISTORY

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 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.

(1)	1. Inclusive dates (From — to — by month & year) Jun 64 to Present	2. Name of employing firm or agency Electronic Warfare Center	
	3. Address (Number, Street, City, State, Country) 363 Tac Recon Wg Shaw AFB, South Carolina	4. Indicate specific area or place of employment if other than address noted in item 3 NA	
(1)	5. Kind of business Electronic Intelligence	6. Name of supervisor Edward Baumann, Captain, OIC Center	
	7. Title of job Non-Commissioned Officer In Charge and Chief, Maintenance and Supply	8. Salary or earnings \$373.50 per mon / allow	9. Class, grade if Federal Service MSgt (P-1)
	10. Description of duties responsible for overall operation of Center, personnel duty assignments and performance, coordination with related activities. Management and supervision of procurement, installation, modification and maintenance of equipment. Accountable for all Government property. Instructor to technicians and analysts. Technical Advisor.		
11. Reasons for leaving Obtain civilian position			
(2)	1. Inclusive dates (From — to — by month & year) Jun 63 to Jun 64	2. Name of employing firm or agency Electronic Warfare Center	
	3. Address (Number, Street, City, State, Country) 363 Tac Recon Wg Shaw AFB, South Carolina	4. Indicate specific area or place of employment if other than address noted in item 3 NA	
(2)	5. Kind of business Electronic Intelligence	6. Name of supervisor Frank M Hayes, 1/Lt Chief Maint & Supply	
	7. Title of job Non-Commissioned Officer In Charge Maintenance and Supply Section	8. Salary or earnings \$335.00 per mon / allow	9. Class, grade if Federal Service TSgt (P-1)
	10. Description of duties Responsible for supervision and scheduling of installation, modification, and maintenance of equipment and supplies; procurement of supplies and equipment. Instructor to technicians and analysts on equipment operation and maintenance. Technical Advisor on analysis, mission, equipment and Technical requirements & procedure		
11. Reasons for leaving Received promotion			
(3)	1. Inclusive dates (From — to — by month & year) Jun 61 to Jun 63	2. Name of employing firm or agency USEUCOM Electronic Intelligence Center	
	3. Address (Number, Street, City, State, Country) APO 633, New York, NY	4. Indicate specific area or place of employment if other than address noted in item 3 NA	
(3)	5. Kind of business Electronic Intelligence	6. Name of supervisor Leonard R Kyer CWO Chief Maint & Supply	
	7. Title of job Non-Commissioned Officer In Charge Maintenance Section	8. Salary or earnings \$335.00 per mon / allow	9. Class, grade if Federal Service TSgt (P-1)
	10. Description of duties responsible for supervision and scheduling of installation, modification, and maintenance of equipment. Instructor to technicians and analysts on equipment operation and maintenance. Technical Advisor on analysis and maintenance problems and procedures. Execution of Special Projects.		
11. Reasons for leaving Overseas tour completed			
(4)	1. Inclusive dates (From — to — by month & year) Jun 59 to Jun 61	2. Name of employing firm or agency USEUCOM Electronic Intelligence Center	
	3. Address (Number, Street, City, State, Country) APO 633, New York, NY	4. Indicate specific area or place of employment if other than address given in item 3 NA	
(4)	5. Kind of business Electronic Intelligence	6. Name of supervisor Harold W Crum MSgt NCOIC Maintenance	
	7. Title of job Assistant NCOIC, Maintenance Technician	8. Salary or earnings \$270.00 per mon / allow	9. Class, grade if Federal Service SSgt (P-1)
	10. Description of duties		

EMPLOYMENT HISTORY (Continued)

(4) 10. Description of duties Assistant to NCOIC in supervision and scheduling of Maintenance Section activities. As Maintenance Technician - install, layout, modify, inspect, perform preventative and corrective maintenance on operational equipment as directed by the NCOIC. Instruct technicians and analysts in equip operation and maintenance procedures

11. Reasons for leaving
Received promotion

1. Inclusive dates (From — To — by month & year) Mar 58 to Jun 59	2. Name of employing firm or agency Det #4, 10 Radar Bomb Scoring Squadron	
3. Address (Number, Street, City, State, Country) Detachment has since moved. Squadron Headquarters at Carswell AFB, Texas	4. Indicate specific area or place of employment if other than address noted in item 3 McCarty Drive (Highway 90) Houston, Texas	
5. Name of business USAF (SAC) Radar Bomb Scoring and ECM	6. Name of supervisor Huey P Porsche, SSgt, NCOIC ECM Section	
7. Title of job Crew Chief, ECM Section	8. Salary or earnings \$ 220.00 per mon / allow	9. Class; grade if Federal Service SSgt

(5) 10. Description of duties Supervisor of ECM Operations and Maintenance Crew. Supervision of operation and emergency maintenance during "on-watch" time, preventative and corrective maint. daily on ground intercept and transmission equipment. Instructor for on-the-job and cross training. Assistant to Detachment CO on Supply difficulties.

11. Reasons for leaving
Reassigned (volunteer) overseas

1. Inclusive dates (From — To — by month & year) Jul 57 to Feb 58	2. Name of employing firm or agency 3411 Student Squadron	
3. Address (Number, Street, City, State, Country) Keesler AFB, Mississippi	4. Indicate specific area or place of employment if other than address noted in item 3 NA	
5. Kind of business USAF Technical School	6. Name of supervisor NA	
7. Title of job Student	8. Salary or earnings \$ 210.00 per mon / allow	9. Class; grade if Federal Service SSgt

(6) 10. Description of duties U.S. Air Force Course No. AB 30330, Ground Electronic Countermeasures Specialist.

11. Reasons for leaving
School completed

1. Inclusive dates (From — To — by month & year) Jan 51 to Jul 57	2. Name of employing firm or agency Various AF units	
3. Address (Number, Street, City, State, Country) NA	4. Indicate specific area or place of employment if other than address noted in Item 3 NA	
5. Kind of business USAF - Organizational Supply	6. Name of supervisor NA	
7. Title of job Supply Supervisor or Specialist	8. Salary or earnings \$ 210.00 per mon / allow	9. Class; grade if Federal Service Pvt to SSgt

(7) 10. Description of duties Supervise or work in various Air Force organizational supply activities. Majority of assignments were in a supervisory capacity

NOTE: Detailed listing of assignments on continuation sheet

11. Reasons for leaving
Retrain (volunteer) to Electronics field

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

(For Office Use Only)

SECTION XX

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups and 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).

ORGANIZATIONS

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)
None			

SECTION XXI

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
 NA

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

Name of institution	Address (City, State, Country)
Madison & Bradford Sts Build & Loan Assoc	Baltimore, Maryland
South Carolina National Bank	Sumter, South Carolina
Prudential Life Insurance Co	Silver Spring, Maryland
Metropolitan Life Insurance Co	Silver Spring, Maryland

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)
 NA

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
 NA

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or in 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 XXIII.

RESIDENCES FOR THE PAST 15 YEARS (Including Residences maintained while in Military Service)

Address—last residence first (number, street, city, state, country)	Inclusive dates (month & year)	
	From—	To—
90-A Azalea Drive, Shaw AFB, South Carolina 29152	Oct 63	Present
42-B Orchid Drive, Shaw AFB, South Carolina 29152	Jul 63	Oct 63
#6 Neptunestrasse, Crestview Housing, Wiesbaden, Germany	Nov 59	Jun 63
#3 Aschenbrodelweg, Wiesbaden, Germany	Jun 59	Nov 59
810 Kilroy Avenue, Houston, Texas	Apr 58	May 59
Rt #1, Box 93-A, Gulfport, Mississippi	Aug 57	Mar 58
220 McWhirk Blvd, Bergstrom AFB, Texas	Jul 56	Jul 57
405 N 38th Street, Austin, Texas	Jun 56	Jul 56
221 Quaint Acres Drive, Silver Spring, Maryland	Dec 55	Jun 56
2024 Naylor Road SE, Washington, D.O.	Jul 55	Dec 55

SECTION XXIV

REFERENCES

1. List five character references (not relatives) in the U.S. who know you intimately

Name (last-first-middle)	Business Address	Residence Address
Slyder, Richard L, Captain	Genreal Delivery Mather AFB, California	Unknown
McClure, Frank B, Major	544 Recon Tech Sq (SAO) Offutt AFB, Nebraska	Unknown
Borden, Thomas W, Major	Defense Intell Agency Washington, D.O.	408 Kramer St SE Vienna, Virginia
Biebusch, Viola	Unknown	617 Lycoming Street Silver Spring, Maryland
Buchholtz, Carl	Unknown	1715 E 30th Street Baltimore, Maryland

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers)

Name (last-first-middle)	Business Address	Residence Address
Bouchard, Paul B	Univ of South Carolina	149 University Terrace Columbia, South Carolina
Buchholtz, Herbert	Unknown	3215 Bennington Ave Pasadena, Texas
Chavez, Paul	Unknown	14 Washington Court Mt. Pleasant, Michigan
Earp, George	Unknown	124 Cherokee Trail Smyrna, Georgia
Schmitz, Frank A	Unknown	6734 Marmaduke Street St. Louis, Missouri

SECTION XXV

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

NA

-PERSONAL DECLARATIONS (Continued)

3. Do you use or have you ever used intoxicants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. If so, to what extent? Limited
5. Do you use or have you ever used narcotics? <input type="checkbox"/> Yes <input checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answer is "Yes", give complete details:	
8. List the names of Government departments, agencies or offices to which you have applied for employment since 1945 NSA - 1965 DIA - 1965 USAF- 1951, 1954, 1959	
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 USAF-Top Secret-BI 27 Feb 60 OSI Dist 70 USAFE Filed OSI Dist 4 Bolling AFB Wash DC Secret-NAC 26 Jul 56 OSI Dist 4 bolling AFB Washington DC	
Note Special Instructions	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, or to your knowledge has your spouse, ever been detained, arrested, indicted, or convicted for any violation of the law other than a minor traffic violation (in which the fine was less than \$25.00) in the U.S. or abroad? 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 checked="" type="checkbox"/> No	
11. Have you ever been arrested, court-martialed or otherwise punished under military law or regulation? If so, describe incidents and provide date(s) of occurrence on a separate sheet in accordance with instructions above. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Are there any incidents in your life (unfavorable) not mentioned above which may be discovered in subsequent investigation, whether you were directly involved or not, which may require explanation? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with special instructions above. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. If your answer to either or both questions in Item 13 above is "Yes," give details NA	

PERSONAL DECLARATIONS

EMERGENCY

CERTIFICATION

SECTION XXVI PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY	
1. Name (Last—First—Middle) Huber Gottlieb	2. Relationship Father
3. Home address (Number, Street, City, State, ZIP Code) 221 Quaint Acres Drive, Silver Spring, Maryland	4. Home telephone number MA 2-0697
5. Business address (Number, Street, City, State, ZIP Code)—indicate name of firm or employer, if applicable Charles H. Thompkins Co. 16th Street, NW, Washington, DC	6. Business telephone number & extension Unk
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. NA	

SECTION XXVII CERTIFICATION	
YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED	
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 immediate dismissal or rejection of my application. 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 March 15, 1965	2. Signature of applicant Hubert S. Huber
3. Signed at (City and State) Shaw AFB, South Carolina	4. Signature of witness to identify applicant Edward Baumann Capt. USAF

SECTION VII

STEPMOTHER

- 1. Huber Elise B (Unk) Widow - Polzin Maiden - Unk
- 2. None
- 3. Oct 14, 1901
- 4. Stuttgart, Germany
- 5. Living
- 6. NA
- 7. NA
- 8. USA
- 9. Germany
- 10. Nov 14, 1950
- 11. Baltimore, Maryland
- 12. 6094163
- 13. NA
- 14. May 1925
- 15. 221 Quaint Acres Drive, Silver Spring, Maryland
- 16 thru 22. NA

SECTION XI

RELATIVES ABROAD

- (6) 1. Levinsky Louise (Graf) & family
- 2. Aunt
- 3. Unk
- 4. Unterschutzen, Austria
- 5. Austria
- 6. Bezirk 2 Bocklingerstrasse 96 Vienna, Austria
- 7. Self (Bakery)
- 8. Seldom
- 9. Dec 1964

- (7) Details of Step-mother's family in Germany unknown. One contact only - July 1959, after driving vacationing parents from Rhein-Main airport to Stuttgart, Germany

SECTION XIX

EMPLOYMENT HISTORY

- (7)a. Jun 56 to Jul 57 523 Strategic Fighter Squadron, Bergstrom AFB, Texas
- b. Jan 56 to Jun 56 Det #4, 1110th Air Support Group, APO 214, New York
- Oct 54 to Dec 54 see (8)
- c. Aug 53 to Oct 54 3508 Periodic Maintenance Squadron, Greenville AFB, Mississippi
- d. Feb 53 to Aug 53 3506 Maintenance Squadron, Greenville AFB, Mississippi
- e. Aug 51 to Feb 53 3405 Food Service Squadron, Goodfellow AFB, Texas
- f. Jun 51 to Jul 51 3405 Air Base Group, Goodfellow AFB, Texas
- g. Mar 51 to May 51 AB 641XX AF Supply Technical School, Lowry AFB, Colorado
- h. Jan 51 to Mar 51 Basic Training, Lackland AFB, Texas

- (8) Oct 54 to Dec 54 Student - University of Benjamin Franklin, Washington, D.C.
Part-time Produce Clerk, Giant Food Stores Inc, Wash, D.C.
Re-enlist USAF

- (9) Sep 50 to Dec 50 Student - University of Benjamin Franklin, Washington, D.C.
Enlist USAF

- (10) Jun 50 to Sep 50 Summer Job - Laborer, Charles H Thompkins Co, Washington, D.C.

- (11) Sep 49 to Jun 50 Student, University of Maryland, College Park, Maryland

SECTION XXIII

RESIDENCES

2315 Naylor Road SE, Washington, D.C.	Feb 55	to	Jul 55
9823 Dallas Avenue, Silver Spring, Maryland	May 51	to	Feb 55
615 Lycoming Street, Silver Spring, Maryland	Jun 48	to	May 51
1007 Dukeland Avenue, Baltimore, Maryland	Jan 31	to	Jun 48

Herbert S. Huber
(Signature)

SECRET CLEARANCES

TOP SECRET - Mar 9, 1960, BI - February 27, 1960, OSI Dist 70 USAF
Filed OSI District 4, Bolling AFB, Washington, D.C.

SECRET - August 7, 1956, NAC - July 26, 1956, OSI Dist 4 Wash, D.C.