DO NOT USE THIS SPACE

ISSUED BY

PERSONAL HISTORY STATEMENT

TIME DATE (Fill in)

INSTRUCTIONS

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.

SECTION I — GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (Last-First-Middle): [illegible]
2. AGE: [illegible]
3. SEX: MALE [ ] FEMALE [ ]
4. HEIGHT: [illegible]
5. WEIGHT: [illegible]
6. COLOR OF EYES: [illegible]
7. COLOR OF HAIR: [illegible]
8. TYPE COMPLEXION: [illegible]
9. TYPE BUILD: [illegible]
10. SCARS (Type and Location): NONE
11. OTHER DISTINGUISHING PHYSICAL FEATURES: NONE
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country): 9361 S.W. 178 ST. PERRINE ST, FLA
13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.: [illegible]
14. CURRENT PHONE NO.: CORAL 5-8541
15. OFFICE PHONE NO. & EXT.: [illegible]
16. LEGAL RESIDENCE (State, Territory or Country): [illegible]
17. NICKNAMES: [illegible]
18. OTHER NAMES YOU HAVE USED: [illegible]
19. INDICATE CIRCUMSTANCES (including dates of years) UNDER WHICH YOU HAVE EVER USED THESE NAMES: [illegible] AS UNDERCOVER AGENT
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority): [illegible]

SECTION II — POSITION DATA

1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING: [illegible] CONTRACT AGENT
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary): $ [illegible]
3. DATE AVAILABLE FOR EMPLOYMENT: [illegible]
4. INDICATE YOUR WILLINGNESS TO TRAVEL: OCCASIONALLY [ ] FREQUENTLY [ ] CONSTANTLY [ ] OTHER: [illegible]
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable): WASHINGTON, D.C. [ ] ANYWHERE IN U.S. [ ] CERTAIN LOCATIONS ONLY (Specify): [ ] OUTSIDE CONTINENTAL U.S.
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA: ADEQUATE PAY AND [illegible] SELF AND FAMILY

FORM 446 USE PREVIOUS EDITION.

SECTION III — CITIZENSHIP

DATE OF BIRTH	2. PLACE OF BIRTH (City, State, Country)	3. PRESENT CITIZENSHIP (Country)

4. CITIZENSHIP ACQUIRED BY	5. DATE NATURALIZED	6. NATURALIZATION CERTIFICATE NO
BIRTH ☐ MARRIAGE ☐ OTHER (Specify)		

7. COURT ISSUING NATURALIZATION CERTIFICATE	8. ISSUED AT (City, State, Country)

9. HAVE YOU HELD PREVIOUS NATIONALITY	10. IF YES, GIVE NAME OF COUNTRY
YES ☐ NO ☐	

11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.

CHINA BY BIRTH

12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP	YES ☐ NO ☐	13. GIVE PARTICULARS

14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (Filed, Papers, Etc.)?

15. DATE OF ARRIVAL IN U.S.	16. PORT OF ENTRY	17. ON PASSPORT OF WHAT COUNTRY

18. LAST U.S. VISA (No., Type, Place of Issue)	19. DATE VISA ISSUED

SECTION IV — EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS OF COLLEGE - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE ☐ DOCTOR'S DEGREE ☐

2. ELEMENTARY SCHOOL

1. NAME OF ELEMENTARY SCHOOL	2. ADDRESS (City, State, Country)
[illegible]	[illegible]
3. DATES ATTENDED (From and To)	4. GRADUATE
[illegible] TO [illegible]	YES ☐ NO ☐

3. HIGH SCHOOL

1. NAME OF HIGH SCHOOL	2. ADDRESS (City, State, Country)
[illegible] HIGH SCHOOL	[illegible]
3. DATES ATTENDED (From and To)	4. GRADUATE
[illegible] TO [illegible]	YES ☐ NO ☐

1. NAME OF HIGH SCHOOL	2. ADDRESS (City, State, Country)
3. DATES ATTENDED (From and To)	4. GRADUATE
	YES ☐ NO ☐

4. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible] UNIVERSITY [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

SECTION IV CONTINUED TO PAGE 3

SECTION IV CONTINUED FROM PAGE 3

5. IF A DEGREE OR DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT (with parents etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

5. 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

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1. FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
USA	[illegible]	[illegible]	[illegible]				

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

To work as Assistant Project Manager for Continental [illegible] of the Nicaro Office in Nicaro Cuba. [illegible]

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

No. 275951 [illegible]

SECTION VII — TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM				
50	4	GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify)	

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Stenograph, Card Punch, Etc.). Mimeograph, adding machine, [illegible]

SECTION VIII — SPECIAL QUALIFICATIONS

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

Fishing, hunting, [illegible] (ALL COLOR), [illegible]

Foreign Cross [illegible]

Average in all of the above [illegible]

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.

Possess an informative experience secured at the [illegible] level and in foreign trade management respectively. Also capacity to carry out independent research at the graduate level

3. EXCLUDING DRIVERS LICENSE OR EXPERIENCE WHICH YOU MAY HAVE LISTED IN ITEM 8, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Amateur or Ham), SOUND AND MOTION PICTURE, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

[illegible]

(Did graduate research at [illegible])

SECTION VIII CONTINUED TO PAGE 3

SECTION VIII CONTINUED FROM PAGE 4

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, ETC.? ☑ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

Student Pilot - Certificate

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR 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.).

N.A.

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

N.A.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

IN COLLEGE AND AS A [illegible]

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

Phi Sigma Zeta, National [illegible]

Graduate Scholarship offered by the [illegible]

Honorary Member [illegible]

SECTION IX — EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate a chronological history of employment for past 15 years. 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 9, "Description of Duties" examine your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

2. NAME OF EMPLOYING FIRM OR AGENCY

3. ADDRESS (No., Street, City, State, Country)

4. KIND OF BUSINESS

5. NAME OF SUPERVISOR

6. TITLE OF JOB

7. SALARY OR EARNINGS $ PER

8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

SECTION IX CONTINUED TO PAGE 6

SECTION IX CONTINUED FROM PAGE 5

3

1. INCLUSIVE DATES (From and To - Dy Mo and Yr.): [illegible]
2. NAME OF EMPLOYING FIRM OR AGENCY:
3. ADDRESS (No., Street, City, State, Country):
4. KIND OF BUSINESS:
5. NAME OF SUPERVISOR:
6. TITLE OF JOB: [illegible] ASST.
7. SALARY OR EARNINGS: $ [illegible] PER [illegible]
8. CLASS. GRADE (If Federal Service):
9. DESCRIPTION OF DUTIES: TEACHER OF ENGINEER AND [illegible] TO ASSIST WITH RESEARCH [illegible]
10. REASONS FOR LEAVING: TO ACCEPT [illegible] POSITION

8

1. INCLUSIVE DATES (From and To - Dy Mo and Yr.): [illegible]
2. NAME OF EMPLOYING FIRM OR AGENCY: [illegible]
3. ADDRESS (No., Street, City, State, Country): [illegible]
4. KIND OF BUSINESS: [illegible]
5. NAME OF SUPERVISOR:
6. TITLE OF JOB: PROFESSOR
7. SALARY OR EARNINGS: $ [illegible] PER
8. CLASS. GRADE (If Federal Service):
9. DESCRIPTION OF DUTIES: TO TEACH THE COURSES [illegible]
10. REASONS FOR LEAVING: TO ACCEPT [illegible] OF ADVANCED DEGREE

4

1. INCLUSIVE DATES (From and To - Dy Mo and Yr.): [illegible]
2. NAME OF EMPLOYING FIRM OR AGENCY: [illegible]
3. ADDRESS (No., Street, City, State, Country): [illegible]
4. KIND OF BUSINESS: [illegible]
5. NAME OF SUPERVISOR:
6. TITLE OF JOB: [illegible]
7. SALARY OR EARNINGS: $ [illegible] PER [illegible]
8. CLASS. GRADE (If Federal Service):
9. DESCRIPTION OF DUTIES: IN CHARGE OF [illegible] RESEARCH LABORATORY
10. REASONS FOR LEAVING: CONCLUSION OF RESEARCH

5

1. INCLUSIVE DATES (From and To - Dy Mo and Yr.):
2. NAME OF EMPLOYING FIRM OR AGENCY:
3. ADDRESS (No., Street, City, State, Country):
4. KIND OF BUSINESS: [illegible]
5. NAME OF SUPERVISOR: [illegible]
6. TITLE OF JOB: [illegible]
7. SALARY OR EARNINGS: $ PER
8. CLASS. GRADE (If Federal Service):

SECTION IX CONTINUED TO PAGE 7

SECTION II CONTINUED FROM PAGE 6

8

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

6

1. INCLUSIVE DATES (From and To - Dy Mo. and Yr.)
2. NAME OF EMPLOYING FIRM OR AGENCY
3. ADDRESS (No., Street, City, State, Country)
4. KIND OF BUSINESS
5. NAME OF SUPERVISOR
6. TITLE OF JOB
7. SALARY OR EARNINGS $ PER
8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES
10. REASONS FOR LEAVING

7

1. INCLUSIVE DATES (From and To - Dy Mo. and Yr.)
2. NAME OF EMPLOYING FIRM OR AGENCY
3. ADDRESS (No., Street, City, State, Country)
4. KIND OF BUSINESS
5. NAME OF SUPERVISOR
6. TITLE OF JOB
7. SALARY OR EARNINGS $ PER
8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES
10. REASONS FOR LEAVING

8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOT SO ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.

9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? ☐ YES ☒ NO

HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? ☐ YES ☒ NO

IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS

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MILITARY ACTIVITY

A. CURRENT DRAFT STATUS

1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)	YES / NO	2. SELECTIVE SERVICE CLASSIFICATION	3. SELECTIVE SERVICE NO.
4. IF DEFERRED, GIVE REASON		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS	

B. MILITARY SERVICE RECORD

1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP

CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify)
HAVE SERVED									
NOW SERVING									

2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)

3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)	4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)

5. DATE ENTERED ACTIVE DUTY	PAST SERVICE	CURRENT SERVICE	6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION
7. RANK, GRADE OR RATE	PAST SERVICE	CURRENT SERVICE	8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Give or Designation) AND TITLE	PAST SERVICE	CURRENT SERVICE
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Give or Designation) AND TITLE	PAST SERVICE	CURRENT SERVICE

11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)

12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY

HONORABLE DISCHARGE	RETIREMENT FOR SERVICE	UNDUE HARDSHIP
RELEASE TO INACTIVE DUTY	RETIREMENT FOR COMBAT DISABILITY	OTHER:
RETIREMENT FOR AGE	RETIREMENT FOR PHYSICAL DISABILITY	

13. CHECK (X) COMPONENT IN WHICH YOU SERVED

REGULAR	RESERVE (Including the National and Air National Guard)	OTHER (Including ROTC)

C. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS

1. DO YOU NOW HAVE RESERVE STATUS? YES / NO	2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.? YES / NO	3. ARE YOU NOW A MEMBER OF THE ROTC? YES / NO

4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW

ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD	NAVY ROTC	INDICATE ROTC CATEGORY NUMBER	
NAVY	AIR FORCE	AIR NAT'L. GUARD	ARMY ROTC	AIR FORCE ROTC		

5. CURRENT RANK, GRADE OR RATE	6. DATE OF APPOINTMENT IN CURRENT RANK	7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION

8. CHECK (X) CURRENT RESERVE CATEGORY: READY RESERVE / STANDBY (Active) / STANDBY (Inactive) / RETIRED

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Give or Designation) AND TITLE	10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Give or Designation) AND TITLE

11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES

12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT? YES / NO			13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT? YES / NO			15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY	YEARS	MONTHS	17. WHERE ARE YOUR SERVICE RECORDS KEPT?

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SECTION XI — FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☐ YES

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

3. BANKING INSTITUTIONS INTO WHICH YOU HAVE ACCOUNTS

NAME OF INST. (TYPE)	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 DATES:

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME	ADDRESS (City, Street, City, State)

7. 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

8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

9. 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 "YES", furnish details on separate sheet.)

SECTION XII — MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

NOTE: MARRIED. If you have been married more than once - including concubinage - use a separate sheet for former wife or wives. If married only one spouse below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancée.

3. NAME (First) (Middle) (Surname) (Local)

4. STATE ANY OTHER NAMES EVER USED

INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (When and to what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

5. DATE OF MARRIAGE

6. PLACE OF MARRIAGE (City, State, Country)

7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (City, Street, City, State, Country)

8. LIVING	9. DATE OF DEATH	10. CAUSE OF DEATH
☐ YES ☐ NO		

11. CURRENT ADDRESS (Give last address, if deceased)

12. DATE OF BIRTH	13. PLACE OF BIRTH (City, State, Country)	14. CITIZENSHIP

SECTION XII CONTINUED TO PAGE 16

SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. DATE OF ENTRY	15. PLACE OF ENTRY
16. FORMER CITIZENSHIP(S) (Country(ies))	17. DATE U.S. CITIZENSHIP ACQUIRED	18. WHERE ACQUIRED (City, State, Country)
19. OCCUPATION	20. PRESENT EMPLOYER (If no longer employed, or if spouse deceased or unemployed give last two employers)

21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

22. DATES OF MILITARY SERVICE (From and to - Day, Mo., and Yr.)

23. BRANCH OF SERVICE	24. COUNTRY WITH WHICH MILITARY SERVICE APPLICABLE

25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
			U.S.	

2. NUMBER OF CHILDREN (Including your children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING. 4

3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, dependents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.

SECTION XIV FATHER (Give same information for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)	2. LIVING YES / NO	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES HE HAS USED	INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (When and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.		

6. CURRENT ADDRESS - Give last address if deceased (No., Street, City, State, Country)

7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY	11. PLACE OF ENTRY	
12. FORMER CITIZENSHIP(S) (Country(ies)) U.S.	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed)	

17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED

18. DATES OF MILITARY SERVICE (From-To)	19. BRANCH OF SERVICE	20. COUNTRY

21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

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SECTION XV MOTHER (Give same information for Stepmother on separate sheet)

1. FULL NAME (Last-First-Middle)	2. LIVING YES / NO	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES SHE HAS USED	INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)		9. CITIZENSHIP
10. IF BORN OUTSIDE U.S.- DATE OF ENTRY	11. PLACE OF ENTRY		
12. FORMER CITIZENSHIP(S) (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if father is deceased or unemployed)		
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED			
18. DATES OF MILITARY SERVICE (Present-Ever)	19. BRANCH OF SERVICE	20. COUNTRY	
21. DETAILS OF OTHER GOVERNMENT SERVICE, TAX OR PENSION			

SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
5	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
6	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
7	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE
8	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES / NO	6. AGE

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SECTION XVII FATHER-IN-LAW

1. FULL NAME (Last-First-Middle)	2. LIVING YES / NO	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES HE HAS USED	INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY	11. PLACE OF ENTRY		
12. FORMER CITIZENSHIP (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. UNDER ACQUIRED (City, State, Country)	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)		

SECTION XVIII MOTHER-IN-LAW

1. FULL NAME (Last-First-Middle)	2. LIVING YES / NO	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES SHE HAS USED	INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY	11. PLACE OF ENTRY		
12. FORMER CITIZENSHIP (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. UNDER ACQUIRED (City, State, Country)	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)		

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

3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT
5	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT

SECTION XIX CONTINUED TO PAGE 13

SECTION XIX CONTINUED FROM PAGE 11

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

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

A	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
B	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
C	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

SECTION XXI — REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	

SECTION XXII — CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

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

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

SECTION XXIII — RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
FOCSA BLDG APT 28L [illegible]	[illegible]	
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	

SECTION XXIV — ADDITIONAL INFORMATION

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 [X]

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

N.A.

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS? — YES [ ] NO [X]

4. IF SO, TO WHAT EXTENT?

N.A.

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS? — YES [ ] NO [X]

6. IF SO, TO WHAT EXTENT?

N.A.

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? [ ] YES [X] NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

N.A.

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

[illegible]

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.

UNK.

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 THE UNITED STATES OR ABROAD? — YES [ ] NO [X]

IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.

11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATES OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE. — YES [ ] NO [X]

12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATES OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE. — YES [ ] NO [X]

SECTION XXV — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last) [illegible]	2. RELATIONSHIP
3. HOME ADDRESS (No., Street, City, Town, State, Country) [illegible]	4. HOME PHONE NO. [illegible]
5. BUSINESS ADDRESS (No., Street, City, Town, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE [illegible]	6. BUSINESS PHONE NO. & EXT. [illegible]

7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Father, Mother) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

[illegible]

FORM 448 USE PREVIOUS EDITIONS
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SECTION XII — CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS 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 SIGNATURE	2. SIGNATURE OF APPLICANT
3. SIGNED AT (City and State) MIAMI, FLA.	4. SIGNATURE OF WITNESS

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