

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

Discover the Truth at: <http://www.theblackvault.com>

NW 53216 6/27/17

DO NOT USE THIS SPACE ISSUED BY		PERSONAL HISTORY STATEMENT		THIS 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-Initial) ADDITIONAL NAMES			2. AGE		3. SEX MALE FEMALE
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	
9. TYPE BUILD					
10. SCARS (Type and Location)					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
12. CURRENT ADDRESS (No., Street, City, State, and Country) 9361 S.W. 178 ST. PERRINE ST, FLA			13. PERMANENT ADDRESS (No., Street, City, State, and Country) AND PHONE NO.		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
17. MARRIAGES			18. OTHER NAMES YOU HAVE USED		
19. INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority)					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING CONTROLLER ASSYST					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary)			3. DATE AVAILABLE FOR EMPLOYMENT		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
OCCASIONALLY	FREQUENTLY	CONSTANTLY	OTHER		
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 ASSOCIATE TAX AND MYSELF AND FAMILY					

SECTION III CITIZENSHIP							
1. 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.			
<input type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> 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				
<input type="checkbox"/> YES <input type="checkbox"/> NO							
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.							
CUBAN BY BIRTH							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP			<input type="checkbox"/> YES <input type="checkbox"/> NO	13. GIVE PARTICULARS			
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (Form 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							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE			<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE				
<input type="checkbox"/> HIGH SCHOOL GRADUATE			<input type="checkbox"/> BACHELOR'S DEGREE				
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE				
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS			<input type="checkbox"/> MASTER'S DEGREE		<input type="checkbox"/> DOCTOR'S DEGREE		
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL			2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From- and To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From- and To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From- and To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ YR (Specify)
	MAJOR	MINOR	FROM	TO			

SECTION IV CONTINUED TO PAGE 3

SECTION IV CONTINUED (DO NOT PAGE 1)

5. IF AN ADEQUATE GRADE 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 <small>(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 boxes.)</small>	2. COMPETENCE - IN ORDER LISTED <small>R-Read, W-Write, S-Speak</small>															3. HOW ACQUIRED			
	EQUIV. ALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PRO-LONGED RES. IDENCE	CONTACT (with persons 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 USE SPECIALIZED LANGUAGE BORN 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

FOR FOREIGN RESIDENCE OR COUNTRY VISIT WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF JOY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAIL, ROADS, INDUSTRY, 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				

7. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.
 To work as Assistant District Manager for Country ...
 of the ... Office in ...

8. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.
 No. 995951 ...

SECTION VII TYPING AND STENOGRAPHIC SKILLS

1. TYPING (ages) 2. SHORTHAND (ages) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

50	4	CREOS	SPEEDWRITING	STENO TYPE	OTHER (Specify)
----	---	-------	--------------	------------	-----------------

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Stenograph, Card Punch, etc.)
 ...

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, SWIMMING, ...
 ...
 Average in all of the above.

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.
 ...
 ...
 CAPACITY TO CARRY OUT INDEPENDENT RESEARCH AT THE GRADUATE LEVEL.

3. EXCLUDING SKILLS OR EXPERIENCE WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Amateur or other), ...
 ...
 (DID ONE YEAR RESEARCH AT ...)

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 include copies and see regulations). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Reports, 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 JUNIOR OR SENIOR MEMBER OF FRATERNITY ORGANIZATION

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.
*Phi Sigma Kappa, National Honor Society
 Graduate Scholarship offered by the State of Ohio
 HONORARY MEMBERSHIP IN MEDICAL SOCIETY*

SECTION IX EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Describe 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" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By the end of) <i>1952 - 1953</i>	2. NAME OF EMPLOYING FIRM OR AGENCY <i>U.S. AIR FORCE</i>	
3. ADDRESS (No., Street, City, State, Country) <i>1234 5th St, Dayton, Ohio</i>		
4. KIND OF BUSINESS <i>U.S. AIR FORCE</i>	5. NAME OF SUPERVISOR <i>Major General</i>	
6. TITLE OF JOB <i>Flight Instructor</i>	7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES <i>Responsible for training and instruction of new pilots in flight procedures and emergency situations.</i>	\$	PER
10. REASONS FOR LEAVING <i>Completed active duty and was discharged.</i>		

SECTION IX CONTINUED TO PAGE 5

SECTION IX CONTINUED FROM PAGE 6

1. INCLUSIVE DATES (From and To - By Do and To)		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	8. CLASS GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		\$	PER
10. REASONS FOR LEAVING			

TEACHER OF ENGLISH AND MATHEMATICS AT FEDERAL SCHOOL TO ASSIST WITH REVISION OF CURRICULUM

TO ACCEPT FULFILLMENT

1. INCLUSIVE DATES (From and To - By Do and To)		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	8. CLASS GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		\$	PER
10. REASONS FOR LEAVING			

TO TEACH THE SPANISH LANGUAGE IN THE SCHOOL

TO ACCEPT BOARD, BIRTH AND MARRIAGE OF BORNED DEGREE

1. INCLUSIVE DATES (From and To - By Do and To)		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	8. CLASS GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		\$	PER
10. REASONS FOR LEAVING			

IN CHARGE OF MICROBIOLOGICAL ANALYSIS IN THE SCHOOL OF BACTERIOLOGY

CONCLUSION OF RESUME

1. INCLUSIVE DATES (From and To - By Do and To)		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	8. CLASS GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		\$	PER

SECTION IX CONTINUED TO PAGE 7

SECTION II CONTINUED FROM PAGE 6

8. DESCRIPTION OF DUTIES		
10. REASONS FOR LEAVING		
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (St., Road, Box, Room, County)		
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
6. TITLE OF JOB	7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		
10. REASONS FOR LEAVING		
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (St., Road, Box, Room, County)		
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
6. TITLE OF JOB	7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES		
10. REASONS FOR LEAVING		
<p>6. 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.</p> <p>7. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS.</p>		

1. ART TO WHICH REFERRED FOR THIS ENTRY UNDER THE NATIONAL MILITARY TRAINING AND SERVICE ACT OF 1956 (MTC NUMBER)		2. SELECTIVE SERVICE CLASSIFICATION		3. SELECTIVE SERVICE NO.				
A. IF DEFERRED, GIVE REASON		B. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS						
II. MILITARY SERVICE RECORD								
I. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP								
CHECK (X) AS APPLICABLE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	RESERVE MARINE	NATIONAL AIR NAT'L GUARD	FOREIGN ORGAS. OR MIL. SERVICE (Specify)
HAVE SERVED								
NOT SERVING								
1. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)								
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Post service)			4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Post and current service)					
5. DATE ENTERED ACTIVE DUTY		6. PAST SERVICE		7. CURRENT SERVICE				
8. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR GARRISON		9. PAST SERVICE		10. CURRENT SERVICE				
11. BACK, GRADE OR RATE		12. PAST SERVICE		13. CURRENT SERVICE				
14. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Code or Designation) AND TITLE		15. PAST SERVICE		16. CURRENT SERVICE				
17. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Code or Designation) AND TITLE		18. PAST SERVICE		19. CURRENT SERVICE				
20. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to post or current service)								
21. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY								
HONORABLE DISCHARGE		RETIREMENT FOR SERVICE		UNDESERVED				
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY		OTHER:				
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY						
22. CHECK (X) COMPONENT IN WHICH YOU SERVED								
REGULAR		RESERVE (Including the National and Air National Guard)		OTHER (Including ALL)				
III. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS								
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		3. ARE YOU NOW A MEMBER OF THE ROTC?				
YES	NO	YES	NO	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 BACK, 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		STANDARD/BACKUP				
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Code or Designation) AND TITLE		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Code 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		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS				
		NO						
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		YES		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS				
		NO						
16. REPORT TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING INACTIVE AND INACTIVE DUTY		YEARS		MONTHS				
				17. CHECK ARE YOUR SERVICE RECORDS KEPT?				

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SPOUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCE OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INST. FULL		ADDRESS (City, State, Country)	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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, State, Country)	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 REASONS FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
<p>WIFE, HUSBAND: If you have been married more than once - including common-law - use a separate sheet for former wife or husband. If husband serving time sentence below for all previous marriages. If marriage annulled, fill in appropriate information for divorce.</p>			
3. NAME (First) (Middle) (Last)			
4. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (including length of time name was 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, State, Country)			
8. LIVING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. DATE OF DEATH	
10. CAUSE OF DEATH			
11. CURRENT ADDRESS (Give last address, if divorced)			
12. DATE OF BIRTH		13. PLACE OF BIRTH (City, State, Country)	
14. CITIZENSHIP			

SECTION XII CONTINUED TO PAGE 10

SECTION XII COVERED FROM PAGE 7

1A. IF BORN OUTSIDE U.S. DATE OF ENTRY	1B. PLACE OF ENTRY
1C. FOREIGN CITIZENSHIP (Country)	1D. DATE U.S. CITIZENSHIP ACQUIRED
1E. OCCUPATION	1F. PRESENT EMPLOYER (Give full name employer, or if spouse, divorced or unemployed give last two employers)
1G. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)	
1H. DATES OF MILITARY SERVICE (From and to - By No. and No.)	
1I. BRANCH OF SERVICE	1J. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
1K. 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
...
...
...
...
...

2. NUMBER OF CHILDREN (Including step children and adopted children) WHO ARE UNEMPLOYED, UNDER 17 YRS. OF AGE, AND NOT SELF-SUPPORTING.

3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, grandparents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 17 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.

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

1. FULL NAME (Last-First-Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
...	YES / NO
5. STATES OTHER NAMES HE HAS USED	INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Name and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - Give full address, if divorced (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. FOREIGN CITIZENSHIP (Country)	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
...	
15. OCCUPATION	16. PRESENT EMPLOYER (Give full name employer, if Father is divorced or unemployed)		
...	...		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED			
...			
18. DATES OF MILITARY SERVICE (From and to - By No. and No.)	19. BRANCH OF SERVICE	20. COUNTRY	
...	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			
...			

SECTION XV **NOTING OF THE DEED** *(Indicate for Signatures of a Seal on sheet)*

1. FULL NAME (Last, First, Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES BEING USED	INDICATE CIRCUMSTANCES (including length of time under which SHE WAS EVER UNDER THESE NAMES, IF LOCAL CHANGE, GIVE PARTICULARS THERE and by what authority). USE EXTRA SPACES PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DIFFERENT (St., 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. OCCUPATION	13. DATA U.S. CITIZENSHIP ACQUIRED	14. OTHER ACQUIRED (City, State, Country)	
15. EMPLOYER'S BUSINESS ADDRESS OR EMPLOYER'S BUSINESS ADDRESS IF SELF EMPLOYED	16. PRESENT EMPLOYER (Give last employer, if holder is deceased or unemployed)		
17. DATED OF MILITARY SERVICE (Priority)	18. DURATION OF SERVICE	19. COURTESY	
20. DETAILS OF OTHER VOLUNTARY SERVICE, AND OR POSITION			

SECTION XVI **BROTHERS AND SISTERS** *(Include all legal Brothers and Sisters)*

1. FULL NAME (Last, First, Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (St., Street, City, State, Country)	5. LIVING	6. AGE
7. FULL NAME (Last, First, Middle)	8. RELATIONSHIP	9. CITIZENSHIP (Country)
10. CURRENT ADDRESS (St., Street, City, State, Country)	11. LIVING	12. AGE
1. FULL NAME (Last, First, Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (St., Street, City, State, Country)	5. LIVING	6. AGE
7. FULL NAME (Last, First, Middle)	8. RELATIONSHIP	9. CITIZENSHIP (Country)
10. CURRENT ADDRESS (St., Street, City, State, Country)	11. LIVING	12. AGE
1. FULL NAME (Last, First, Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (St., Street, City, State, Country)	5. LIVING	6. AGE
7. FULL NAME (Last, First, Middle)	8. RELATIONSHIP	9. CITIZENSHIP (Country)
10. CURRENT ADDRESS (St., Street, City, State, Country)	11. LIVING	12. AGE
1. FULL NAME (Last, First, Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (St., Street, City, State, Country)	5. LIVING	6. AGE
7. FULL NAME (Last, First, Middle)	8. RELATIONSHIP	9. CITIZENSHIP (Country)
10. CURRENT ADDRESS (St., Street, City, State, Country)	11. LIVING	12. AGE

SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last-First-Middle)		2. LIVING YES <input type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH
4. STATE OTHER NAMES HE HAS USED		5. CAUSE OF DEATH	
6. CURRENT OR LAST ADDRESS (Cty., State, CNA, State, Country)		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.	
7. DATE OF BIRTH	8. PLACE OF BIRTH (Cty., State, Country)	9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
12. FORMER CITIZENSHIPS (Country)		13. DATE U.S. CITIZENSHIP ACQUIRED	14. OTHER ACQUIRED (Cty., 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 <input type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH
4. STATE OTHER NAMES SHE HAS USED		5. CAUSE OF DEATH	
6. CURRENT OR LAST ADDRESS (Cty., State, CNA, State, Country)		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.	
7. DATE OF BIRTH	8. PLACE OF BIRTH (Cty., State, Country)	9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
12. FORMER CITIZENSHIPS (Country)		13. DATE U.S. CITIZENSHIP ACQUIRED	14. OTHER ACQUIRED (Cty., 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			
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	
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	
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 BEHALF, 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

1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
A. TYPE AND LOCATION OF SERVICE (If known)			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
B. TYPE AND LOCATION OF SERVICE (If known)			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
C. 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)
J. C. WHITE	451 W. 1st St.	1234 Main St.
J. S. MERRILL	1234 Main St.	5678 Cedar St.
J. B. PETERSON	9876 Elm St.	2345 Pine St.
J. M. ANDERSON	5432 Oak St.	8765 Birch St.
C. H. ZELANDER	1098 Maple St.	3210 Spruce St.

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)
J. W. BROWN	1234 Main St.	5678 Cedar St.
J. D. SMITH	9876 Elm St.	2345 Pine St.
J. K. JONES	5432 Oak St.	8765 Birch St.
J. L. GASTNER	1098 Maple St.	3210 Spruce St.
J. M. TRAVIS	4567 Birch St.	7890 Cedar St.

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)
J. P. GARDNER	1234 Main St.	5678 Cedar St.
J. R. HARRIS	9876 Elm St.	2345 Pine St.
J. T. WATSON	5432 Oak St.	8765 Birch St.

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 HAS YOUR NAME EVER BEEN SUPPORTED OR PROMOTED OR 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 TEACHES BY FORCE OR VIOLENCE TO DEPRIVE PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			YES NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN			
3. DO YOU USE OR HAVE YOU EVER USED HYPOCRISY?		YES NO	4. IF SO, TO WHAT EXTENT? N/A
5. DO YOU USE OR HAVE YOU EVER USED BARBOCINE?		YES NO	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1945 C.I.A. STATE DEPT. AIR FORCE			
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.			
NOTE: SPECIAL INSTRUCTIONS: If your answer to "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 FINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MOTOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.			YES NO
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE LAW VIOLATION AND PROVIDE DATES OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES NO
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 INCIDENTS AND PROVIDE DATES OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES NO
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First, Middle, Last)		2. RELATIONSHIP	
3. HOME ADDRESS (No., Street, City, State, Zip, Country)		4. HOME PHONE NO.	
5. BUSINESS ADDRESS (No., Street, City, State, Zip, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		6. BUSINESS PHONE NO. & EXT.	
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 SO STATE.			

SECTION XXV		CERTIFICATION	
<p>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</p> <p>I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatements or omissions as to material fact will constitute grounds for immediate withdrawal 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).</p>			
<p>1. DATE OF SIGNATURES</p> <p>11-1-76</p>	<p>2. SIGNATURE OF APPLICANT</p> <p>[Signature]</p>		
<p>3. SIGNED BY (City and State)</p> <p>MIAMI, FL</p>	<p>4. SIGNATURE OF WITNESS</p> <p>[Signature]</p>		
<p>NOTE: Use the following space for extra details. Reference each document filed by serial and item number as which is referred. 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.</p>			
<p>[Faint, mostly illegible text in the large body of the form]</p>			