

# APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO. APP. NO.

**INSTRUCTIONS** — Answer every question clearly and completely. Typewrite or write legibly in **BLACK INK**, to assure clear photographic copies for appointing agencies. **If you are applying for a specific United States Civil Service Examination**, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if **not**, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

1. Name of examination, if any; or name of position applied for: <u>TRANSLATOR</u>	AV.	This space for U. S. Civil Service Commission
2. Place of examination (if a written test), or place of employment applied for: <u>TOPAZ, UTAH</u> (City and State)		To U. S. Civil Service Commission -- Appor. -- Nonappor.
3. Optional subject (if mentioned in examination announcement):		

4. -- Mr. <input type="checkbox"/> -- Mrs. <input checked="" type="checkbox"/> -- Miss <input type="checkbox"/> <u>TOMOYE NOZAWA TAKAHASHI</u> (First name) (Middle) (Maiden, if any) (Last)	O. S. _____ Gr. _____ E & E. _____ P & D. _____ Ini. _____
5. <u>11-5-D</u> (R. D. or street and number) <u>TOPAZ, UTAH</u> (City or post office, and State)	
6. Date of birth (month, day, year): <u>8/16/15</u>	7. Age last birthday: <u>28</u>
8. Date of this application: <u>Nov. 23-1943</u>	-- Preference: Adm'd exam. _____ Allowed _____ -- Veteran. Approved by _____ -- Disability. Exam. date _____ -- Wife. Not. Ra. _____ -- Widow. Date Reg. _____ -- Disallowed. _____ -- Closed.
9. Legal or voting residence: State <u>CALIFORNIA</u>	10. Telephone numbers: (Residence phone) _____ (Business phone) _____
11. (a) Check one: <input checked="" type="checkbox"/> Male. <input type="checkbox"/> Female. (b) Check one: <input type="checkbox"/> Widowed. <input type="checkbox"/> Single. <input type="checkbox"/> Separated. <input checked="" type="checkbox"/> Married. <input type="checkbox"/> Divorced.	12. Height, with-out shoes: <u>5 ft. 2 in.</u> Weight: <u>107</u> lb. -- Material att'd. _____ -- Material filed. _____
13. Where were you born? <u>SAN FRANCISCO</u> (Town) <u>CALIFORNIA</u> (State or country) -- Indian. _____ -- Material ret. _____	

This space for U. S. Civil Service Commission

SEL. NO.

	Yes	No		Yes	No
14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard. Date _____ (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled veteran. -- Widow of veteran. If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Have you registered under the Selective Service Act? If so, give address and number of local board _____ If classified, give your classification _____ Your order number _____	<input type="checkbox"/>	<input type="checkbox"/>
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization _____ (b) Are you now on active duty? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Give number of persons completely dependent on you, other than husband or wife _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. <input checked="" type="checkbox"/> 3 months. <input checked="" type="checkbox"/> 1 month.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences: <u>SAN FRANCISCO</u> OR <u>DENVER, CALIFORNIA</u> <u>COLORADO</u> (b) Would you accept appointment outside the United States? Give locations acceptable _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Are you NOW employed by the Federal Government? (a) If so, <u>PROJECT REPORTS DIVISION W-RA</u> (Department or agency) (Bureau) <u>TOPAZ, UTAH</u> (Location) (b) If you now are or have ever been so employed, give dates: from <u>SEPT</u> (Month) <u>1942</u> (Year) to <u>PRESENT</u> (Month) (Year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. What is the lowest entrance salary you will accept? \$ <u>1800</u> per <u>ANNUM</u> You will not be considered for positions paying less.	<input type="checkbox"/>	<input type="checkbox"/>
			29. If you are willing to travel specify: <input checked="" type="checkbox"/> Occasionally. -- Frequently. -- Constantly.		
			30. How much notice will you require to report for work? <u>1 WEEK</u>		

Print or type your name here as in Item 4 MRS. TOMOYE NOZAWA TAKAHASHI

31. (a) Have you ever **filed** applications for any Federal civil service examinations? (If so, list them below.) Yes  No

Titles of examinations	Examined in what cities	Month and year	Ratings

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45.) Yes  No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 (12) Did you graduate? Yes  No

Name and location of school	Dates attended		Years completed		Degrees conferred		Semester hours credit
	From—	To—	Day	Night	Title	Date	
(b) College or university <u>UNIVERSITY OF CALIFORNIA</u>	<u>1933</u>	<u>1937</u>	<u>4 yrs</u>		<u>B.A.</u>	<u>5/37</u>	<u>168?</u>
(c) Other <u>SAN FRANCISCO INSTITUTE (SOKO GAKUEN) A JAPANESE LANG. SCHOOL</u>	<u>1918</u>	<u>1933</u>	<u>15 yrs</u>		Studies <u>JAPANESE LANG. AND CUSTOMS</u>		

(d) List your four chief undergraduate subjects	Semester hrs.	List your four chief graduate subjects	Semester hrs.
<u>ORIENTAL LANG AND LITERATURE</u>	<u>41</u>		
<u>HOUSEHOLD ARTS</u>	<u>54</u>		

33. Indicate your knowledge of foreign languages.

	READ			SPEAK			UNDERSTAND		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
<u>JAPANESE</u>			<u>X</u>	<u>X</u>			<u>X</u>	<u>X</u>	
<u>SPANISH</u>		<u>X</u>				<u>X</u>	<u>X</u>		

34. Are you **now** a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes  No   
 If not, have you ever been licensed? Yes  No   
 Give kind of license and State \_\_\_\_\_  
 Earliest license (year) \_\_\_\_\_  
 Most recent license (year) \_\_\_\_\_

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

Full name	Address (Give complete address, including street and number)	Business or occupation

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes  No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. **Start with your present position and work back to the first position you held**, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

PRESENT POSITION	Place <u>TOPAZ</u> <u>UTAH</u> <small>(City) (State)</small>	Exact title of your position <u>WOMEN'S EDITOR</u>	Salary: Starting, \$ <u>19.00</u> Per <u>M.O</u> Final, \$ <u>19.00</u>
	From <u>SEP</u> , 19 <u>42</u> to <u>NOV</u> , 19 <u>43</u> <small>(Month) (Year) (Month) (Year)</small>	Duties and responsibilities <u>NEWS REPORTING AND COLUMN (FEATURE) WRITER, INTERVIEWER, EDITOR, WOMEN'S PAGE</u>	
	Name of employer: <u>MR. RUSSELL A BANKSON</u>		
	Address <u>W.R.A. CENTRAL UTAH</u> <u>TOPAZ UTAH</u>		
	Kind of business or organization: <u>F.E.D. GOVT. PROJ.</u>		
Number and class of employees you supervised <u>NONE</u>			
Name and title of your immediate supervisor <u>MR. R.A. BANKSON</u> <u>CHIEF OF PROJECT REPORTS DIV.</u>	Machines and equipment you used <u>TYPEWRITER, MIMEOGRAPH</u>		

CALIF.

Place TANFORAN ASSEMBLY CENTER Exact title of your position SUPERVISOR Salary: Starting, \$ 16  
 From MAY (City) 19 42 To SEP (State) 19 42 OF ADULT EDUCATION Per MO. Final, \$ 16  
 (Month) (Year) (Month) (Year)  
 Name of employer: WARTIME CIVILIAN CONTROL ADM. Duties and responsibilities MAPPING PROGRAM FOR ADULT BASIC ENGLISH COURSES  
 Address TANFORAN ASSEMBLY CENTER SAN BRUNO, CALIF PLANNING MATERIAL, PROCEDURES, POLICY IN TEACHING ALIENS  
 Kind of business or organization: FED. GOVT. PROJECT CONDUCTING REGULAR TRAINING COURSE FOR TEACHERS 4 TIMES WEEKLY  
 Number and class of employees you supervised 15 TEACHERS, 2 SECTY CONDUCTING TEACHERS' MEETINGS  
 Name and title of your immediate supervisor DIRECTOR OF EDUCATION COMPILATION OF DATA, STATISTICS, RECORDS, REPORTS  
FRANK EMMETT KILPATRICK WRITING WEEKLY NARRATIVE PROGRESS REPORTS  
 Reason for leaving GOVT ORDERS, RELOCATION TO UTAH Machines and equipment you used

Place \_\_\_\_\_ Exact title of your position \_\_\_\_\_ Salary: Starting, \$ \_\_\_\_\_  
 From \_\_\_\_\_ (City) 19 \_\_\_\_\_ To \_\_\_\_\_ (State) 19 \_\_\_\_\_ Per \_\_\_\_\_ Final, \$ \_\_\_\_\_  
 (Month) (Year) (Month) (Year)  
 Name of employer: \_\_\_\_\_ Duties and responsibilities \_\_\_\_\_

Address \_\_\_\_\_  
 Kind of business or organization: \_\_\_\_\_  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Machines and equipment you used \_\_\_\_\_

Place \_\_\_\_\_ Exact title of your position \_\_\_\_\_ Salary: Starting, \$ \_\_\_\_\_  
 From \_\_\_\_\_ (City) 19 \_\_\_\_\_ To \_\_\_\_\_ (State) 19 \_\_\_\_\_ Per \_\_\_\_\_ Final, \$ \_\_\_\_\_  
 (Month) (Year) (Month) (Year)  
 Name of employer: \_\_\_\_\_ Duties and responsibilities \_\_\_\_\_

Address \_\_\_\_\_  
 Kind of business or organization: \_\_\_\_\_  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Machines and equipment you used \_\_\_\_\_

Place \_\_\_\_\_ Exact title of your position \_\_\_\_\_ Salary: Starting, \$ \_\_\_\_\_  
 From \_\_\_\_\_ (City) 19 \_\_\_\_\_ To \_\_\_\_\_ (State) 19 \_\_\_\_\_ Per \_\_\_\_\_ Final, \$ \_\_\_\_\_  
 (Month) (Year) (Month) (Year)  
 Name of employer: \_\_\_\_\_ Duties and responsibilities \_\_\_\_\_

Address \_\_\_\_\_  
 Kind of business or organization: \_\_\_\_\_  
 Number and class of employees you supervised \_\_\_\_\_  
 Name and title of your immediate supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Machines and equipment you used \_\_\_\_\_

