Standard Form No. 57
Approved April 9, 1942
(Revised July 1942)
U. S. CIVIL SERVICE COMMISSION
C. S. C. Dept. Cir. No. 332

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 appli-

cation to the office named therein; if not , mail with an explanator WASHINGTON, D. C., unless otherwise directed. Notify same of	office of a	ny change o	f address.	State of the state of the state of the		
2. Place of examination (if a written test), or place of employ (City and State) 3. Optional subject (if mentioned in examination announced)	yment ap	A SHAPE OF THE STATE OF THE STA		ace for U. S. Civil Service Commission	To U. S. Ci Service Comm	ivil nission
3. Optional subject (it mentioned in examination announced	ement):			Appor.		
4Mr	WA (Mo	niden, if any	TAKA HASHI (Last)	O. S Gr E & E		
TO PA2— UTA	, and Sta	ate)	ang carbons phas was	Ini		
6. Date of birth (month, day, year): 8/16/15 28	6. Date of birth (month, day, year): 8. Date of this application: 8. Nov. 2.3 - 194			Allowed—	1	
State CALIFORNIA	State CALIFORNIA (Residence phone) (Business phone)			- Disability Wife. Exam. date Widow Disallowed. Not. Ra Closed.		
- Male Single Separated Vermale Married Divorced. 13. Where were you born? - SAN FPA.	NC15	ut shoes: ft. 2 in (State	callfory)	Indian Material re	Material	filed
Indicate "Yes" or "No" answer by placing ${f X}$ in proper column			Indicate "Yes" or "No"	answer by placing \boldsymbol{X} in proper column	n Yes	No
Unless otherwise instructed, naturalized citizens must submit unless otherwise instructed, naturalized citizens must submit be not an advantage of the process of the foreign torn, documentary proof of citizenship. Documents will be returned to the fendant, or indicted, or convicted, or fined, or imprisoned, obtaced on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or collaced on a case, without any exception whatsoever? If so, list all cases, without any exception whatsoever, under Ites (3) the place where the alleged offense or violation occurred, (4) the place where the alleged offense or violation occurred, (4) the ame and location of the court, (5) the nature of the offense or violation. The about question includes arrests by military or naval authorities and displanary action imposed by courts martial, as well as in civil case if appointed, your fingerprints will be taken.	e- e- or m m, ee, ee, eess- ss.	X	If so, give branch of Army Navy (b) Were all dischar (c) Have you alread Civil Service (If so, check kind of p Veteran Diss yete If you are applying for overean preference in cor Form 14, together with th 23. Have you registered If so, give address and number of loc If classified, give	abled Wife of disabled Widow a veteran. veteran. veteran. a specific examination, and wish to clair anection with it, attach C. S. C. (Preference e evidence specified therein. under the Selective Service Act?	e of in (a)	X
(b) Have you any physical defect or disability whatsoever?		X	your classificationYour order number 24. (a) Are you now a member of any branch of military or nareserve?			X
17. Do you advocate or have you ever advocated, or are you no 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.	0-	X		active duty?ons completely dependent on you, other tha	n	
18. Have you ever been discharged for misconduct or unsatisfactor 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 dicharge or forced resignation in each case.	ne	X	26. Would you accept of 26 months. 27. (a) Would you accurrent United States?	3 months. 2/1 month.	No N	X
19. Within the past 12 months, have you used intoxicating beverage If so, specify: Occasionally Habitually To excess.	do jogra	X		SAN FRANCUS CO CALIFORNIA DEN VER COLORAD pt appointment outside the United States?		X
20. Are any members of your family or relatives (either by blood of by marriage), employed by the United States Government, escluding persons in the armed forces? If so, give name, address, relationship, and branch of service deach such relative under Item 45. 21. Are you NOW employed by the Federal Government?	of X		If so, and if you are applexamination announcem (C. S. C. Form 12) is to be	pt appointment in Washington, D. C.?	e	X
(a) If so, PROJECT REPORTS DIVISION WRI (Department or agency) (Bureau) TO PA 2 (Location) (b) If you now are or have ever been so employed, give dates:			What is the lowest er You will not be consi	ns. htrance salary you will accept? \$		NUI
from 5 EPT , 19 42 to PRESENST (Year) (Month) (Year)	r)			Occasionally Frequently Constant of the control of the con	-	

Dates attended Years completed Degrees conferred Date D	31. (a) Have you ever filed applications for (If so, list them below.)	any rederal civil servi	oo oxamma	10113 :						Yes No
Part	Titles of examinations	(market)		Exam	ined in what	cities		Month	and year	Ratings
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All Indicate your knowledge of profession (such as a longer languages. TORAN SEE SEAD SPEAK UNDERSTAND 34. Are you now a licensed member of any trade or profession (such as a lectrician, radio operator, pilot lawyer, CPA, etc.)?			1	1						
3. Indicate your knowledge of READ SPEAK UNDESTAND foreign languages. SPEAK UNDESTAND 4. A re you now a licensed member of any trade or profession (such as a selectrician, radio operator, pilot, lower, CPA, etc.)?. SPEAK US ST. A re you now a licensed member of any trade or profession (such as a selectrician, radio operator, pilot, lower, CPA, etc.)?. It not, have you ever been licensed?. Give kind of license and State Earliest license (year) Most recent license (year) SEPEKENCES: List live 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 requard yourself as best qualified. Full name (live complete address: Indesing street and quality.) Business or occupation A reposition of pour work, or who are in a position in judge your work critically in those occupations in which you have had since you first began to work. By with your present position and work back to the first position you had a coccurring for all periods of unemployment. Destroyment, benchmarked and continued to any you like the first position you had a coccurring for all periods of unemployment. Destroyment had since you first began to work and por tion and, except for employments had less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give not and you would not you you duties and responsibilities in such detail as to make your qualifications clear. Give not and position you had, accounting for all periods of unemployment. Description you had, accounting for all periods of unemployment. Description you had, accounting for all periods of unemployment. Description you had, accounting for all periods of unemployment. Description you had, accounting for all periods of unemployment. Desc	List your four chief undergraduate subject	S	Semester	hrs.	List yo	our four chie	f graduate s	subjects		Semester h
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electrician, radio operator, pilot, laweyer, CPA, etc.)?	3. Indicate your knowledge of RE.					<u> </u>				Yes N
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(Month) (Year) (Month) (Year)	
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SAN BRUNO, CALIF	PLANNING MATERIAL PROCEEDURS, POLICY
Kind of business or organization:	
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county, or municipality? If so, give details under Item 45.	es No	Item No.	Write in left column numbers of items to which detailed answers apply
99. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U.S. Government under any Retirement Act? If so, give details under Item 45.	es No		
10. Show name and address of wife's (or husband's) employer (if none	e, write		
"None"):			
1. (a) Were any of the following members of your family born out-			
aida Continental II S A 2			
Wife Husband Father Mother.	Yes No		
If so, indicate which by marking the appropriate space, and show und 5 for each, (1) full name, including maiden name of wife or mot irthplace; (3) native citizenship; and (4) if U.S. naturalized, date of natura	der Item her; (2) lization.	orugae.	
(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign			The first finding a second
Design of the second se		Commence of the commence of th	Sarang Sarang S.
	es No		
If so, for each relative show under Item 45 the (1) name, (2) relat 3) place of residence, (4) birthplace, (5) present citizenship, and (6) ansient or resident.	whether		
List any special skills not shown in Question 37, such as operation of wave radio, multilith, key-punch, turret-lathe, or scientific or prof	of short- ressional		
devices:			
SKILLSKILL			A
SKILLSKILL			
Words per minute in typing; stenography			
Do you have a license to operate an automobile?	Yes No		
13. State what kind of work you prefer			
4. Give any special qualifications not covered elsewhere in your app		di Bann	
	-1		
		76	
		Write on	e space is required, use a sheet of THIN paper, size $8 \times 10\%$ incleach sheet your name, full address, date of birth, and examination to
		(if any).	Use one side only. Enclose, unattached, with application.
officer authorized to administer oaths, before whom the ap- to administer this oath: Postmasters (except in Alaska), A in the Railway Mail Service.	ecuted. blic, the s plicant m army offic	ecretary of ust appear ers, post-off	a United States civil service board of examiners, or ot in person. The following are among those <u>not</u> authorice inspectors, and chief clerks and assistant chief cle
own, except where I have given full credit for quoted and in the composition of the same I have received n	matter or o assista R AFFIRI	the collab nce except M) that the	as indicated fully in my explanatory statement. e statements made by me in answer to the foregoing
If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."			D INK your name—one given name, initial or initials, and surname)
			ned applicant thisc
of, 19.			
county of	, ar	nd State [or	Territory or District] of
	(Si	gnature of of	ficer)
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