

# APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR <b>Supervising Operating Engineer (Gen.)</b>	
	2. OPTION(S) (if mentioned in examination announcement) <b>Operating Engineer</b>	
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) <b>Seattle, Wash.</b>	4. DATE OF THIS APPLICATION
	5. MR. (First name) (Middle) (Maiden, if any) (Last) <b>MRS. Takeo Isoshima</b>	
	6. (A) STREET AND NUMBER OR R. D. NUMBER  (B) CITY OR POST OFFICE (including postal zone) AND STATE <b>Seattle, 8, Washington</b>	
	7. LEGAL OR VOTING RESIDENCE (State) <b>Wash.</b>	8. (A) OFFICE PHONE (B) HOME PHONE <b>RA. 3992</b>
	9. DATE OF BIRTH (month, day, year) <b>Jan. 30, 1915</b>	10. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
	11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) <b>St. Maries, Idaho</b>	
	12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	13. (A) HEIGHT WITHOUT SHOES: <b>5 FEET 7 INCHES</b> (B) WEIGHT: <b>170 POUNDS</b>
	14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE	

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

<input type="checkbox"/> APPOR.	<input type="checkbox"/> MATERIAL	ENTERED REGISTER:		
<input type="checkbox"/> NON-APPOR.	<input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED			
NOTATIONS:		APP. REVIEW:		
APPROVED:				
OPTION	GRADE	EARNED RATING	PREFER- ENCE	AUGM. RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$.....  
PER YEAR.  
*You will not be considered for any position with a lower entrance salary.*

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:  
**Around Seattle Area only.**

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

**1 PRESENT POSITION**

DATES OF EMPLOYMENT (month, year) FROM: <b>June 1953</b> TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION <b>Sup. Operating Eng.</b>	CLASSIFICATION GRADE (if in Federal Service) <b>OP G 7</b>	SALARY OR EARNINGS: STARTING \$ <b>3115</b> PER <b>A</b> PRESENT \$ <b>3535</b> PER <b>A</b>
PLACE OF EMPLOYMENT (city and State) <b>V. A. Hospital, Seattle, Wash.</b>	NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>V. A. Hospital</b>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <b>V.A. Hospital 4435 Beacon Ave., Seattle, Wash.</b>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <b>V. A. Hospital</b>	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>One Op. Eng. occasionally two.</b>		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK  <b>Supplement 1-CPC 7 Supplement 2-CPC 6 Supplement 3-CPC 5</b>			



16. CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM: <u>Aug. 1951</u> TO: <u>June 1953</u>		EXACT TITLE OF YOUR POSITION <u>Oiler</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ <u>2980</u> PER <u>A</u> FINAL \$ <u>3155</u> PER <u>A</u>
PLACE OF EMPLOYMENT (city and State) <u>Seattle, Wash. USNS - Freeman</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Ch. Engineer R. McGraw</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>MSTS- Shipline- USNS Freeman</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u>Shipping Troops and cargo.</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>Occasionally 2 wipers</u>		REASON FOR LEAVING <u>To stay shoreside</u>		
DESCRIPTION OF YOUR WORK <u>Observing; vacuum, bearing temperature, steam pressure, running machinery, fuel gauges, lube oil gauge, evaporators and other steam driven machinery located in the ships engine room. Watering generators, general lighting system panels and the fresh water system aboard the vessel. Assist the engineer on watch with necessary repairs to valves, pumps and other engine room machinery. Break in a fireman and watertenders assigned to my watch.</u>				

③ DATES OF EMPLOYMENT (month, year) FROM: <u>Mar. 1948</u> TO: <u>Aug. 1951</u>		EXACT TITLE OF YOUR POSITION <u>Welder</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ <u>50</u> PER FINAL \$ <u>54</u> PER
PLACE OF EMPLOYMENT (city and State) <u>Seattle, Wash.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Geo. Helgeson</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>Geo. Helgeson 14433 Pacific Highway, Seattle, Wash.</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u>Manuftr. Trailers and repair.</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>One- gen helper</u>		REASON FOR LEAVING <u>Advancement</u>		
DESCRIPTION OF YOUR WORK <u>Various type of welding in the course of manufacture and repair of trailers. i.e. Refrigerators, chasis, tanks, pipes etc.</u>				

④ DATES OF EMPLOYMENT (month, year) FROM: <u>Apr. 46</u> TO: <u>Mar. 48</u>		EXACT TITLE OF YOUR POSITION <u>Student</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK <u>Attended welding school and advanced welding course to learn silver soldering, overhead welding, basic metalurgy, welding aluminum, potmetal, etc.</u>				

⑤ DATES OF EMPLOYMENT (month, year) FROM: <u>Mar. 42</u> TO: <u>Apr. 46</u>		EXACT TITLE OF YOUR POSITION <u>Soldier</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		



<b>5</b> DATES OF EMPLOYMENT (month, year) FROM: <u>Mar. 42</u> TO: <u>Apr. 46</u>		EXACT TITLE OF YOUR POSITION <u>Soldier</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ _____ PER FINAL \$ _____ PER
PLACE OF EMPLOYMENT (city and State) <u>US Army</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>War US Army</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>US Army</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u>War</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>At times 14</u>		REASON FOR LEAVING <u>Discharged</u>		
DESCRIPTION OF YOUR WORK <u>Private cook for Generals, F.L. Hayden, and J.L. Collins.</u>				
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.				
17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)				
DATES		LOCATION		DESCRIPTION OF TRAINING
FROM	TO			
<u>No specialized training.</u>				
18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 <b>(12)</b>				
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL		(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED <u>Kansai High, Okayama, Japan</u>		
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY <u>Wilson Business College</u>		(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED <u>General</u>		
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS _____ SEMESTER HOURS _____		LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS _____ SEMESTER HOURS _____		
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT <u>Edison Vocational Seattle, Washington</u>		SUBJECTS STUDIED <u>Welding</u>		
		DATES ATTENDED FROM TO <u>4/46 8/48</u>		YEARS COMPLETED DAY NIGHT <u>1 1/2</u>
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		22. 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, etc.)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>US Coast Guard Officer</u> GIVE KIND OF LICENSE AND STATE: <u>Fireman Watertender</u>		
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation) <u>Japan approx. 1918 to 1934 accompanied parents</u>		FIRST LICENSE OR CERTIFICATE (YEAR): _____ LATEST LICENSE OR CERTIFICATE (YEAR): _____		
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTON-ETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES <u>All types of welding</u>		23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS: (A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested) (B) YOUR PATENTS OR INVENTIONS (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (E) HONORS AND FELLOWSHIPS RECEIVED.		
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING _____ SHORTHAND _____				



24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Edmund C. Macy	[Redacted], Seattle, Wn.	Fiscal Acc't
2. Mrs. Betty Tabbut	[Redacted], Seattle, Wn.	Secretary
3. Arthur C. Nelson	[Redacted], Seattle, Wn.	Baker

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?		X		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39.</i>			X
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <i>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.</i>			X
27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?			X	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b> A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.			
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?			X	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?			
29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? <i>If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</i>			X	(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? <i>None.</i>			
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)? <i>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>			X	(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?			X
31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</i>			X	(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS		
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such debarment in Item 39.</i>			X	Mar. 13, 1942	Apr. 24, 1946		
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? <i>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</i>			X	BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation).		
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give complete details in Item 39.</i>			X	Army	39 002 926		
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply).	<b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b> The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____ Agency: _____ Title: _____						

ITEM NO.	ANSWER	ITEM NO.	ANSWER
33	10% Compensation for Stomach trouble.		

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

**SIGNATURE OF APPLICANT** \_\_\_\_\_  
(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe")