



1-1958

## Application for Federal Employment

Bern Porter

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THIS SPACE FOR USE OF APPOINTING OFFICER ONLY. The information contained in answer to question 15A has been verified with the discharge certificate, which shows that the separation was under honorable conditions.

Signature \_\_\_\_\_

Agency

**Title**

Date \_\_\_\_\_

## 16. EXPERIENCE. (Start with your present position and work back)

① Dates of employment (month, year) From <b>AUG 12, 1957</b> To present time		Exact title of your position <b>ENGINEER</b>	
Salary or earnings Starting \$ <b>INDEFINITE</b> Final \$ _____ per _____	Classification Grade (if in Federal service)	Place of employment City <b>677 E. COLORADO</b> State <b>PASADENA, CALIF</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>CONSULTING</b>
Name and address of employer (firm, organization, etc.) <b>SELF EMPLOYED</b>		Name and title of immediate supervisor <b>OWN PRACTICE</b>	

Reason for wanting to leave — **TO EXTEND EXPERIENCE**

Description of work

**TECHNICAL WRITING; PUBLICATION; PRODUCT DEVELOPMENT**

② Dates of employment (month, year) From <b>FEB 12, 1957</b> To <b>AUG 12, 1957</b>		Exact title of your position <b>FIELD ENGINEER</b>	
Salary or earnings Starting \$ <b>750</b> per <b>MONTH</b> Final \$ _____ per _____	Classification Grade (if in Federal service)	Place of employment City <b>TRAVELED SEVERAL STATES</b> State <b>+ COUNTRIES</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>MANUFACTURING</b>
Name and address of employer (firm, organization, etc.) <b>COLLINS RADIO COMPANY</b> <b>1930 HI-LINE DRIVE, DALLAS, TEXAS</b>		Name and title of immediate supervisor <b>E.C. CHRISTERSON, FIELD MANAGER</b>	

Reason for leaving **END OF PROJECT; LAID OFF.**

Description of work

**DEMONSTRATION OF TRANS-HORIZON COMMUNICATION SYSTEMS  
TO GOVERNMENT AND OIL COMPANIES OF VENEZUELA.**

③ Dates of employment (month, year) From <b>OCT 12, 1956</b> To <b>FEB 12, 1957</b>		Exact title of your position <b>ENGINEER</b>	
Salary or earnings Starting \$ <b>INDEFINITE</b> Final \$ _____ per _____	Classification Grade (if in Federal service)	Place of employment City <b>SAU FRANCISCO</b> State <b>CALIFORNIA</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>CONSULTING</b>
Name and address of employer (firm, organization, etc.) <b>SELF EMPLOYED</b>		Name and title of immediate supervisor <b>OWN PRACTICE</b>	

Reason for leaving **TO EXTEND EXPERIENCE**

Description of work

**PUBLICATION; WRITING; PRODUCT DEVELOPMENTS;  
PROCEDURES AND TECHNIQUES.**

Dates of employment (month, year) From <b>MAY 1, 1956</b> To <b>OCT 14, 1956</b>		Exact title of your position <b>ENGINEERING WRITER</b>																								
Salary or earnings Starting \$ <b>600</b> per <b>month</b> . Final \$      per		Classification Grade (if in Federal service)																								
Name and address of employer (firm, organization, etc.) <b>CONVAIR PACIFIC HIGHWAY, SAN DIEGO, CALIF</b>		Name and title of immediate supervisor <b>J. FISHER, WRITING MANAGER</b>																								
Reason for leaving <b>TO CONTINUE PRIVATE PRACTICE</b>																										
Description of work <b>TECHNICAL WRITING: PUBLICATION: PRODUCT DEVELOPMENT</b>																										
If you need additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.																										
<b>17. SPECIAL QUALIFICATIONS AND SKILLS.</b>																										
(A) Licenses and Certificates.—Indicate the kind of license or certificate and the State or other licensing authority which granted it; for example, pilot, teacher, electrician, lawyer, radio operator, C. P. A., etc.  Kind of License      Licensing Authority		(D) Give any special qualifications not covered elsewhere in your application, such as: (1) Your more important publications. (Do not submit copies unless requested) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.																								
(B) List any special skills you possess and machines and equipment you can use, such as short-wave radio, multilith, comptometer, key-punch, turret lathe, scientific or professional devices.  <b>ENGINEERING EQUIPMENTS</b>																										
(C) Approximate number of words per minute in: Typing <b>60</b> Shorthand																										
<b>18. EDUCATION.</b>																										
A. Give the highest elementary or high-school grade completed <b>12</b> If you completed high school, give date <b>1928</b>		B. Name and location of last high school attended: <b>HOULTON HIGH SCHOOL HOULTON, MAINE</b>																								
C. Name and location of college or university: <b>CARBY COLLEGE, WATERVILLE ME</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates attended</th> <th colspan="2">Years completed</th> <th>Credit hours</th> <th rowspan="2">Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Semester or Quarter</th> </tr> </thead> <tbody> <tr> <td><b>1928</b></td> <td><b>1932</b></td> <td><b>4</b></td> <td></td> <td><b>160</b></td> <td><b>B.S.</b></td> </tr> <tr> <td><b>1932</b></td> <td><b>1933</b></td> <td><b>1</b></td> <td></td> <td><b>40</b></td> <td><b>SCH.</b></td> </tr> </tbody> </table>		Dates attended		Years completed		Credit hours	Degrees received	From	To	Day	Night	Semester or Quarter	<b>1928</b>	<b>1932</b>	<b>4</b>		<b>160</b>	<b>B.S.</b>	<b>1932</b>	<b>1933</b>	<b>1</b>		<b>40</b>	<b>SCH.</b>
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D. Chief undergraduate college subjects <b>PHYSICS</b> <b>ENGINEERING</b>		E. Chief graduate college subjects <b>PHYSICS</b>																								
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F. Other schools or training, such as trade, vocational, Armed Forces, or business. Give for each name and location of school, dates attended, subjects studied, certificates, and any other pertinent data:																										
<b>19. Have you lived or traveled in any foreign countries?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
<b>20. Indicate your knowledge of foreign languages.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Reading</th> <th>Speaking</th> <th>Underst'g</th> <th>Writing</th> </tr> </thead> <tbody> <tr> <td><b>FRENCH</b></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>GERMAN</b></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Reading	Speaking	Underst'g	Writing	<b>FRENCH</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GERMAN</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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# CONTINUATION SHEET FOR STANDARD FORM 57

"Application for Federal Employment"

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) **BERNARD HARDEN PORTER** 2. DATE OF BIRTH (month, day, year) **2/14/1911**

3. KIND OF POSITION APPLIED FOR OR NAME OF EXAMINATION **ENGINEER.** 4. DATE OF THIS CONTINUATION SHEET **JAN 24, 1958**

DATES OF EMPLOYMENT (month, year)  
FROM **APRIL 25, 1952** TO **MAY 1, 1956**  
SALARY OR EARNINGS  
STARTING \$ **INDEFINITE** PER **CLASSIFICATION GRADE (if in Federal Service)**  
FINAL \$ **PER**  
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) **SELF EMPLOYED**  
EXACT TITLE OF YOUR POSITION **ENGINEER**  
PLACE OF EMPLOYMENT  
CITY **TRAVELED SEVERAL STATES**  
STATE **COUNTRIES**  
KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) **CONSULTING.**  
NAME AND TITLE OF IMMEDIATE SUPERVISOR **OWN PRACTICE**

REASON FOR LEAVING **TO EXTEND EXPERIENCE**  
DESCRIPTION OF WORK **FIELD SURVEY; PRODUCT DEVELOPMENT**

DATES OF EMPLOYMENT (month, year)  
FROM **MARCH 19, 1951** TO **APRIL 25, 1952**  
SALARY OR EARNINGS  
STARTING \$ **PER** **GS.9.**  
FINAL \$ **PER**  
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) **OFFICE OF PRICE STABILIZATION AGANA, GUAM**  
EXACT TITLE OF YOUR POSITION **INFORMATION OFFICER**  
PLACE OF EMPLOYMENT  
CITY **AGANA**  
STATE **GUAM**  
KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) **GOVERNMENT**  
NAME AND TITLE OF IMMEDIATE SUPERVISOR **M. LUJAN, MANAGER.**

REASON FOR LEAVING **TO CONTINUE PRIVATE PRACTICE; END OF O.P.S.**  
DESCRIPTION OF WORK **WRITING; PUBLICATIONS**

DATES OF EMPLOYMENT (month, year)  
FROM **NOV 10, 1945** TO **MARCH 9, 1951**  
SALARY OR EARNINGS  
STARTING \$ **INDEFINITE** PER **CLASSIFICATION GRADE (if in Federal Service)**  
FINAL \$ **PER**  
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) **SELF EMPLOYED**  
EXACT TITLE OF YOUR POSITION **ENGINEER-PUBLISHER**  
PLACE OF EMPLOYMENT  
CITY **BERKELEY**  
STATE **CALIFORNIA**  
KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) **CONSULTING.**  
NAME AND TITLE OF IMMEDIATE SUPERVISOR **OWN PRACTICE**

REASON FOR LEAVING **TO EXTEND EXPERIENCE**  
DESCRIPTION OF WORK **WRITING; PRODUCT DEVELOPMENT; SURVEY; DESIGN**

<input type="radio"/> DATES OF EMPLOYMENT (month, year) FROM <b>Nov 10 1940</b> TO <b>Nov 10 1945</b>		EXACT TITLE OF YOUR POSITION <b>ENGINEER</b>	
SALARY OR EARNINGS STARTING \$ <b>350</b> PER <b>MONTH.</b> FINAL \$ PER		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY <b>SEVERAL STATES</b> STATE <b>(TRAVELED)</b>
		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) <b>RESEARCH.</b>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) <b>MANHATTAN PROJECT</b> <b>NEW YORK CITY.</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>DR. C. O. SHAVE: DR. WILSON POWELL, DIRECTOR</b>	
REASON FOR LEAVING <b>END OF WAR.</b>			
DESCRIPTION OF WORK <b>TECHNIQUES; METHODS; RESEARCH; TRAINING.</b> <b>IN A-BOMB RESEARCH.</b>			

  

<input type="radio"/> DATES OF EMPLOYMENT (month, year) FROM <b>Nov 1935</b> TO <b>Nov 10 1940</b>		EXACT TITLE OF YOUR POSITION <b>ENGINEER</b>	
SALARY OR EARNINGS STARTING \$ <b>100</b> PER <b>MONTH</b> FINAL \$ PER		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY <b>SEVERAL STATES</b> STATE <b>(TRAVELED)</b>
		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) <b>MANUFACTURING</b>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) <b>ACHESON COLLOIDS CORP.</b> <b>104 BROAD ST. NEWARK, N.J.</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>R. SZYMAUOWITZ, TECHNICAL DIRECTOR</b>	
REASON FOR LEAVING <b>DRAFTED TO WAR RESEARCH</b>			
DESCRIPTION OF WORK <b>TECHNIQUES; REPORTS; PRODUCTS IN COLLOIDS RESEARCH</b>			

  

<input type="radio"/> DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY STATE
		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)	
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING			
DESCRIPTION OF WORK			

  

<input type="radio"/> DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY STATE
		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)	
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING			
DESCRIPTION OF WORK			

21. 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	BUSINESS OR OCCUPATION
1. FRED W. LINGEL, 6 WIRTA MORE ROAD, LYNDENFIELD CENTER, MASS		ENGINEER
2. RICHARD BOWMAN, 340 MENVILLE AVENUE, PALO ALTO, CALIF		PROFESSOR
3. PHILIP LLOYD ELY, BOX 34 CHESHIRE, CONN		PROFESSOR

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO		
22. (a) Are you a citizen of the United States of America, or (b) as a native of American Samoa do you owe allegiance to the United States of America?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. May inquiry be made of your present employer regarding your character, qualifications, etc?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Do you receive or have you applied for 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? If your answer is "Yes," give details in Item 34.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Are you now, or have you ever been, a member of a Fascist organization?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 34.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, 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 which seeks to alter the form of government of the United States by unconstitutional means? If your answer to question 23, 24, or 25 above is "Yes," state on a separate sheet to be attached to and made a part of this application 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. (See instruction sheet)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Have you ever been barred by the U. S. Civil Service Commission from taking examinations or accepting civil-service appointments? If your answer is "Yes," give dates of and reasons for such debarment in Item 34.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. 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? If your answer is "Yes," give in Item 34 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. A. Have you ever been discharged from employment because: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? B. Have you ever resigned after official notification that: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? C. Have you ever been discharged from the Armed Services under other than honorable conditions? If your answer to A, B, or C is "Yes," give details in Item 34 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. A. Have you any physical handicap, chronic disease, or other disability? B. Have you ever had a nervous breakdown? C. Have you ever had tuberculosis? If your answer to A, B, or C is "Yes," give details in Item 34.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Have you ever been arrested, charged, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed. If your answer is "Yes," give in Item 34 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.	Item No.
19	FRANK E. ENGLAND RESEARCH 1937
	WESTERN PACIFIC RESEARCH 1950-1951
	VENEZUELA RESEARCH 1957

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

ATTENTION: If you are appointed, all facts you give will be subject to investigation including a check of your fingerprints. Before signing this application, go back over it to make sure you have answered all questions correctly and fully, so that your eligibility can be decided on the basis of all the facts. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for cancellation of your application or your dismissal after appointment and is punishable by law.

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.

Date: JAN 23, 1955

Signature of applicant: F. W. H. Porter