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Application for Federal Employment

Bern Porter

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Investigation Section 5 (B)
 E. O. 10450 - discontinued
 APR 3 1955
 ANNOUNCEMENT

APPLICATION NO.

1. Kind of position applied for or name of examination
ENGINEER

2. Option(s) (if mentioned in examination announcement)
NONE

3. Place of employment applied for (city and State)
ANCHORAGE ALASKA

4. (First name) (Middle) (Maiden, if any) (Last)
 Mr. **BERNARD HARDEN PORTER**
 Mrs. _____
 Miss _____

5. Street and number or R. D. number
677 EAST COLORADO STREET
 City or post office (including postal zone) and State
PASADENA, 1. CALIFORNIA

6. Place of birth
 City **HOULTON**
 State or foreign country **MAINE**

7. Date of birth (month, day, year)
FEB 14, 1911

8. Male
 Female

9. Height without shoes
5 feet **6** inches
 Weight **140** pounds

10. Married
 Single

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

| | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Appor. | <input type="checkbox"/> Material Submitted | Entered Registers |
| <input type="checkbox"/> Nonappor. | <input type="checkbox"/> Returned | |
| Notations: | | App. Reviews |
| Approved: | | |
| Option | Grade | Earned Rating |
| | | Preference |
| | | Augm. Rating |
| | | <input type="checkbox"/> 5 Points (Ten.) |
| | | <input type="checkbox"/> 10 Point Comp. Dis. |
| | | <input type="checkbox"/> Other 10 Point |
| | | <input type="checkbox"/> Disal. |
| | | <input type="checkbox"/> Being Investigated |
| Initials and Date | | |

11. Home phone **SY 2-6127**
 Office phone _____

12. Legal or voting residence (State)
CALIFORNIA

13. If you have ever been employed by the Federal Government, indicate last grade **GS-9**
 Dates of service in that grade
 From **MARCH 19, 1951** To **APRIL 25, 1952**

14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ **5000** per yr.
You will not be considered for any position with a lower entrance salary.

B. If you are now a Federal employee, indicate the lowest grade you will accept _____

C. Will you accept appointment for 1 to 3 months? 3 to 6 months? 6 to 12 months?
Acceptance or refusal of a short-term appointment will not affect your consideration for another appointment.

D. Are you willing to travel Occasionally? Frequently? Constantly?

E. Will you accept appointment In Washington, D. C.? Anywhere in United States? Outside U. S.?

F. If you will accept appointment only in certain locations, list them: _____

15. VETERAN PREFERENCE. A. If you claim 5-point preference based on wartime military service, indicate:

| | | | |
|---|--------------------------------------|--|---|
| Date(s) of entry into active service NONE | Date(s) of separation NONE | Branch of service (Army, Navy, Air Force, etc.) NONE | Serial number. If none, give grade or rating at separation NONE |
|---|--------------------------------------|--|---|

B. Do you claim 5-point preference as a peacetime campaign veteran? Yes No

C. Do you claim 10-point preference? Yes No

D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission?
 Yes No If so, indicate below the office which granted this preference to you. Attach your notice of preference allowance if available. It will be returned to you.

Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners _____ Address of Commission office or Board of Examiners _____
 City _____ State _____

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 AUG 12, 1957 To present time | | Exact title of your position ENGINEER | |
| Salary or earnings Starting \$ INDEFINITE Final \$ per | Classification Grade (if in Federal service) | Place of employment City 677 E. COLORADO State PASADENA, CALIF | Kind of business or organization (manufacturing, accounting, insurance, etc.) CONSULTING |
| Name and address of employer (firm, organization, etc.) SELF EMPLOYED | | Name and title of immediate supervisor OWN PRACTICE | |
| Reason for wanting to leave TO EXTEND EXPERIENCE | | | |
| Description of work TECHNICAL WRITING; PUBLICATION; PRODUCT DEVELOPMENT | | | |

| | | | |
|--|---|--|--|
| ② Dates of employment (month, year) From FEB 12 1957 To AUG 12 1957 | | Exact title of your position FIELD ENGINEER | |
| Salary or earnings Starting \$ 750 per MONTH Final \$ per | Classification Grade (if in Federal service) | Place of employment City TRAVELED SEVERAL STATES State + COUNTRIES | Kind of business or organization (manufacturing, accounting, insurance, etc.) MANUFACTURING |
| Name and address of employer (firm, organization, etc.) COLLINS RADIO COMPANY 1930 HI-LINE DRIVE, DALLAS, TEXAS | | Name and title of immediate supervisor E.C. CHRISTERSON, FIELD MANAGER | |
| 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 OCT 12, 1956 To FEB 12, 1957 | | Exact title of your position ENGINEER | |
| Salary or earnings Starting \$ INDEFINITE Final \$ per | Classification Grade (if in Federal service) | Place of employment City SAU FRANCISCO State CALIFORNIA | Kind of business or organization (manufacturing, accounting, insurance, etc.) CONSULTING |
| Name and address of employer (firm, organization, etc.) SELF EMPLOYED | | Name and title of immediate supervisor OWN PRACTICE | |
| Reason for leaving TO EXTEND EXPERIENCE | | | |
| Description of work PUBLICATION; WRITING; PRODUCT DEVELOPMENTS; PROCEDURES AND TECHNIQUES. | | | |

Dates of employment (month, year)
 From **MAY 1, 1956** To **OCT 14, 1956**

Exact title of your position
ENGINEERING WRITER

Salary or earnings
 Starting \$ **600** per **MONTH**
 Final \$ _____ per _____

Classification Grade (if in Federal service)

Place of employment
 City **SAN DIEGO**
 State **CALIFORNIA**

Kind of business or organization (manufacturing, accounting, insurance, etc.)
MANUFACTURING

Name and address of employer (firm, organization, etc.)
CONVAIR, PACIFIC HIGHWAY, SAN DIEGO, CALIF

Name and title of immediate supervisor
J. FISHER, WRITING MANAGER

Reason for leaving **TO CONTINUE PRIVATE PRACTICE**

Description of work
TECHNICAL WRITING: PUBLICATION: PRODUCT DEVELOPMENT

If you need additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.

17. SPECIAL QUALIFICATIONS AND SKILLS.

(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 _____

(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.

ENGINEERING EQUIPMENTS

(C) Approximate number of words per minute in:
 Typing **60** Shorthand _____

(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.

18. EDUCATION.

A. Give the highest elementary or high-school grade completed **12**
 If you completed high school, give date **1928**

B. Name and location of last high school attended:
HOULTON HIGH SCHOOL HOULTON, MAINE

C. Name and location of college or university:

| Name and location of college or university | Dates attended | | Years completed | | Credit hours | Degrees received |
|--|----------------|-------------|-----------------|-------|---------------------|------------------|
| | From | To | Day | Night | Semester or Quarter | |
| CARBY COLLEGE, WATERVILLE ME | 1928 | 1932 | 4 | | 160 | B.S. |
| BROWN UNIVERSITY, PROVIDENCE | 1932 | 1933 | 1 | | 40 | SCH. |

D. Chief undergraduate college subjects

| Chief undergraduate college subjects | Credit hours | |
|--------------------------------------|---------------------|--------------|
| | Semester or Quarter | Credit hours |
| PHYSICS | 120 | |
| ENGINEERING | 40 | |

E. Chief graduate college subjects

| Chief graduate college subjects | Credit hours | |
|---------------------------------|---------------------|--------------|
| | Semester or Quarter | Credit hours |
| PHYSICS | | 40 |

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:

19. Have you lived or traveled in any foreign countries?
 Yes No

20. Indicate your knowledge of foreign languages.

| Foreign language | Reading | Speaking | Underst'ng | Writing |
|------------------|----------------|-------------------------------------|----------------|----------------|
| | EXC. GOOD FAIR | EXC. GOOD FAIR | EXC. GOOD FAIR | EXC. GOOD FAIR |
| FRENCH | | <input checked="" type="checkbox"/> | | |
| GERMAN | | <input checked="" type="checkbox"/> | | |

If answer is "Yes," give in Item 34 names of countries, dates, and length of time spent there and reason or purpose (military service, business, education, or vacation).

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 |

| | | | |
|--|---|---|---|
| 5. DATES OF EMPLOYMENT (month, year) FROM APRIL 25, 1952 TO MAY 1, 1956 | | 6. EXACT TITLE OF YOUR POSITION ENGINEER | |
| 7. SALARY OR EARNINGS STARTING \$ INDEFINITE FINAL \$ _____ PER _____ | 8. CLASSIFICATION GRADE (if in Federal Service) GS-9. | 9. PLACE OF EMPLOYMENT CITY TRAVELED SEVERAL STATES STATE COUNTRIES | 10. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) CONSULTING. |
| 11. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) SELF EMPLOYED | | 12. NAME AND TITLE OF IMMEDIATE SUPERVISOR OWN PRACTICE | |

REASON FOR LEAVING **TO EXTEND EXPERIENCE.**

DESCRIPTION OF WORK **FIELD SURVEY; PRODUCT DEVELOPMENT.**

| | | | |
|---|---|---|--|
| 5. DATES OF EMPLOYMENT (month, year) FROM MARCH 19, 1951 TO APRIL 25, 1952 | | 6. EXACT TITLE OF YOUR POSITION INFORMATION OFFICER | |
| 7. SALARY OR EARNINGS STARTING \$ _____ PER _____ FINAL \$ _____ PER _____ | 8. CLASSIFICATION GRADE (if in Federal Service) GS-9. | 9. PLACE OF EMPLOYMENT CITY AGANA STATE GUAM | 10. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) GOVERNMENT |
| 11. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) OFFICE OF PRICE STABILIZATION AGANA, GUAM | | 12. 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; PUBLIC RELATIONS**

| | | | |
|--|---|---|---|
| 5. DATES OF EMPLOYMENT (month, year) FROM NOV 10, 1945 TO MARCH 9, 1951 | | 6. EXACT TITLE OF YOUR POSITION ENGINEER; PUBLISHER | |
| 7. SALARY OR EARNINGS STARTING \$ INDEFINITE FINAL \$ _____ PER _____ | 8. CLASSIFICATION GRADE (if in Federal Service) GS-9. | 9. PLACE OF EMPLOYMENT CITY BERKELEY STATE CALIFORNIA | 10. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) CONSULTING. |
| 11. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) SELF EMPLOYED | | 12. 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 Nov 10 1940 TO Nov 10 1945 | | EXACT TITLE OF YOUR POSITION ENGINEER | | |
| SALARY OR EARNINGS STARTING \$ 350 PER MONTH FINAL \$ PER | | CLASSIFICATION GRADE <i>(if in Federal Service)</i> | PLACE OF EMPLOYMENT CITY SEVERAL STATES STATE (TRAVELED) | KIND OF BUSINESS OR ORGANIZATION <i>(manufacturing, accounting, insurance, etc.)</i> RESEARCH |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) MANHATTAN PROJECT NEW YORK CITY | | NAME AND TITLE OF IMMEDIATE SUPERVISOR DR. C. O. SHAW: DR. WILSON POWELL, DIRECTOR | | |
| REASON FOR LEAVING END OF WAR | | | | |
| DESCRIPTION OF WORK TECHNIQUES; METHODS; RESEARCH; TRAINING IN A-BOMB RESEARCH. | | | | |

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

| | | | | |
|--|--|--|--------------------------------------|---|
| <input type="radio"/> DATES OF EMPLOYMENT (month, year) FROM TO | | EXACT TITLE OF YOUR POSITION | | |
| SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER | | CLASSIFICATION GRADE <i>(if in Federal Service)</i> | PLACE OF EMPLOYMENT CITY STATE | KIND OF BUSINESS OR ORGANIZATION <i>(manufacturing, accounting, insurance, etc.)</i> |
| 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 <i>(if in Federal Service)</i> | PLACE OF EMPLOYMENT CITY STATE | KIND OF BUSINESS OR ORGANIZATION <i>(manufacturing, accounting, insurance, etc.)</i> |
| 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 <i>Give complete current address</i> | 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? <i>If your answer is "Yes," give details in Item 34.</i> | <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? <i>If your answer is "Yes," give details in Item 34.</i> | <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? <i>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)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. 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 34.</i> | <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? <i>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.</i> | <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? <i>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.</i> | <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? <i>If your answer to A, B, or C is "Yes," give details in Item 34.</i> | <input type="checkbox"/> | <input checked="" 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. <i>If your answer is "Yes," give in Item 34 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i> | <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 |

ATTENTION: All statements must be true and complete. False and misleading statements are prohibited.

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: Frederick H. Porter