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Captain Michael Gitt Papers - Civil Service Exams and Job Applications [2], 1938-1940

Extracted on Apr-23-2024 06:57:15

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UNITED STATES CIVIL SERVICE COMMISSION, WASHINGTON, D.C.
APPLICATION FORM 8 June 1938
Jan.ry-19 39

[[left margin chart]]
App'n No.
Ann. No.
AV. PER.
Sel. No.
[[/left margin chart]]

[[first top of page chart]]
Applicant must fill ALL blanks in this column (typewriter or ink)
Name of examination
Airway Traffic Control Opes
(Give exact title of examination)
Optional subject (If any provided)
Place of examination
N.Y. -- N.Y.
(City) (State)
Legal or voting residence
(Give State)
(The address given below will be treated as the applicant's post-office address until notice, in writing, of any change is received.) Print plainly, in ink (or typewrite) your name in full (one given name, additional initials, if any, and surname in full). If a woman, prefix "Miss" or "Mrs.," and if married, use your own given name, as "Mrs. Mary L. Doe."

(Name)

1569 Hone Ave
(R. D. or street address)

(City or Post office) (State)

Date of Birth
Age on last birthday
[[/first top of page chart]]

[[second top of page chart]]
APPLICANT WILL NOT FILL THE FOLLOWING
Exam. date
Approved by
Admit'd exam
Notif'd rating
Date reg

[[5 columned table]]
|---|---|---|---|---|

O.S.	---	---	---	---
G.R.	---	---	---	---
E.&X.	---	---	---	---
P.&D.	---	---	---	---
A.V.	---	---	---	---

UNITED STATES CIVIL SERVICE COMMISSION, WASHINGTON, D. C. **APPLICATION FORM 8** June 1938

Applicant must fill ALL blanks in this column (typewriter or ink)

App'n No. _____
Ann. No. _____
AV. PER. _____
Sel. No. _____

Name of examination: Airway Traffic Control Opes
(Give exact title of examination)
Optional subject (If any provided): _____
Place of examination: N.Y.
(City) (State): N.Y.
(The address given below will be treated as the applicant's post-office address until notice, in writing, of any change is received.)
Print plainly, in ink (or typewrite) your name in full (one given name, additional initials, if any, and surname in full). If a woman, prefix "Miss" or "Mrs.," and if married, use your own given name, as "Mrs. Mary L. Doe."
Mrs. Mary L. Doe
Address: _____
City or Post office: _____ State: _____

Applicant will not fill the following:

Exam. date	<input type="checkbox"/> Approved by
Admit'd exam	<input type="checkbox"/> Notif'd rating
Notif'd rating	<input type="checkbox"/> Date reg

READ THIS BEFORE FILLING OUT YOUR APPLICATION

1. Are you a citizen of the United States? Yes
2. Will you accept temporary appointment for six months? Yes
3. What is the date of your birth? May 13 - 1908
4. What is your height, without shoes? 5' 8"
5. What is your weight, without coat and hat? 150
6. Have you any physical defects or diseases or disabling conditions?
7. Are any members of your family or relatives (within third degree) afflicted with any of the following diseases?
8. What is the latest outbreak when you were afflicted?
9. Will you accept appointment anywhere in the United States?
10. Will you accept temporary appointment for six months?
11. Have you ever been discharged or forced to resign from any position?
12. Within the past 12 months, have you used intoxicating liquors?
13. Have you ever been in the military or naval service?
14. Were you ever in the military or naval service?
15. Were you ever in the military or naval service?
16. Have you ever been arrested, or committed, or convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to resign from any position?
17. Have you ever been arrested, or committed, or convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to resign from any position?

☐ Apportioned.
☐ Nonapportioned.
☐ An Indian
☐ Mat'l filed.
☐ Mat'l ret'd.
☐ Mat'l att'd
☐ Over age if no pref.
☐ Mil. serv. but no proof.

Preference:

Allowed-

☐ Pref.
☐ Disability.
☐ Widow.
☐ Wife.
☐ Disallowed.
☐ Closed.
☐ Army.
☐ Navy
☐ Marine C.
☐ C. G.
☐ No proof grad.
☐ Note fam.

Appl. Div. Rec.

READ THIS BEFORE FILLING OUT YOUR APPLICATION

Before filling out this application, consult the announcement of the examination and study carefully the minimum requirements specified therein. Applications from persons who do not meet these requirements will be canceled.

Any false statement in this application, which is under oath, or alteration of a certificate, or the presentation to the Commission of a paper containing such false statement or alternation, is a violation of the law and punishable as such.

ANY OF THE FOLLOWING WILL DELAY AND MAY NULLIFY YOUR OPPORTUNITY FOR APPOINTMENT: (1) Failure to answer properly all questions; (2) If you are foreign born, failure to furnish with application proof of United States citizenship; (3) Failure to furnish thesis or other material, or photograph, with application, if called for in examination announcement; (4) Failure to furnish in or with application all the information required under question relating to arrest, etc.; (5) Failure to have jurat (or oath) on page 4 properly executed; (6) Failure to have "Officer's Certificate of Residence" on page 4 properly executed, if called for in the examination announcement. Avoid reference to religion, politics, or fraternal orders. Answers should be typewritten if practicable; if not, they must be in ink.

In case of emergency necessitating immediate certification, the Commission reserves the right to certify eligibles for appointment who have complied with all the requirements in the application blank. It is, therefore, highly important that your application be completely and correctly filled out before it is sent to the Commission.

1. Are you a citizen of the United States?

Yes

Yes or No

Naturalized citizens must submit naturalization certificate with application; other foreign born, documentary proof of citizenship.

2. Where were you born?

(a) New York

(State or Territory, if American born)

(b)

(Country, if foreign born)

(c) Check in the appropriate space-

Male ☒

Single ☐

Female ☐

Married ☒

3. What is the date of your birth?

May 13 - 1908

(Month) (Day) (Year)

Applicants who attain eligibility and are selected for appointment must furnish proof of date of birth to the appointing officer at the time of reporting for duty. Applicants should not submit such proof to the Civil Service Commission. An extension of time, not to exceed six months after appointment, may be granted upon satisfactory evidence that additional time is necessary. Notices of ratings sent to eligibles will contain further information.

4. What is your height, without shoes?

5 feet 10 inches.

5. What is your weight, without overcoat or hat?

158 pounds.

6. Have you any physical defect or disease or disability whatsoever?

no

Yes or No

If answer is "Yes", give full particulars. Concealment of a disease or a disability or a physical defect of any nature may result in cancelation of your application and debarment from examinations. Use an additional sheet of paper, if necessary.

7. Are any members of your family or relatives (either blood or by marriage) in any part of the Government service whatsoever?

no

Yes or No

If answer is "Yes," give name, address, relationship, and branch of service of each such relative.

8. What is the lowest entrance salary you will accept? \$2000

Registers may be used for allied positions at salaries other than that specified in the announcement. You will not be certified to positions paying less than the amount given in answer.

9. Will you accept appointment anywhere in the United States?

Yes

Yes or No

If answer is "No," state acceptable localities.

[[Box of text]]

Answer all three parts of this question

[[/Box of text]]

10. Will you accept temporary appointment for six months?

Yes

Yes or No

For three months?

Yes

Yes or No

For one month?

Yes

Yes or No

11. Have you ever been discharged or forced to resign from any position?

no

Yes or No

If answer is "Yes," state 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.

12. Within the past 12 months, have you used intoxicating beverages?

Yes

Yes or No

Habitually?

no

Yes or No

To excess?

no

Yes or No

13. Are you now, or have you been in the past, addicted to the use of habit-forming drugs?

no

Yes or No

If answer is "Yes," give full particulars.

14. (a) Where you ever in the military or naval service?

no

Yes or No

(b) Where all discharges granted under honorable conditions?

Yes or No

(c) Do you claim military preference?

no

Yes or No

If you claim military preference, you should obtain Form 14 and submit it with the evidence required therein.

READ CAREFULLY.--An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

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 of violation of any law or police regulation or ordinance whatsoever?

Yes

Yes or No

4 minor traffic violations n.y.c.

If so, list all the cases without any exception whatsoever on a sheet

attached, 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.

16--524

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