

A. 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 Director, Medical Photography		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only																											
	2. OPTION(S) (if mentioned in examination announcement)																													
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Bethesda, Maryland		4. DATE OF THIS APPLICATION 6/23/49		<input type="checkbox"/> APPOR. <input type="checkbox"/> MATERIAL <input type="checkbox"/> NON-APPOR. <input type="checkbox"/> SUBMITTED <input type="checkbox"/> <input type="checkbox"/> RETURNED																									
	5. MR. (First name) (Middle) (Maiden, if any) (Last) XXXX John Thomas Stringer Jr.		NOTATIONS:			ENTERED REGISTRE:																								
	6. (A) STREET AND NUMBER OR R. D. NUMBER 6425 Fairfax Road				APP. REVIEW:																									
	(B) CITY OR POST OFFICE (including postal zone) AND STATE Chevy Chase 15, Maryland				APPROVED:																									
	7. LEGAL OR VOTING RESIDENCE (State) Maryland		8. (A) OFFICE PHONE (B) HOME PHONE Oliver 2500 WI 7353		<table border="1" style="width: 100%; text-align: center;"> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED RATING</th> <th>PREFER-ENCE</th> <th>AUX. RAT.</th> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 POINTS (TENT.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS WIFE OR WIDOW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DISAL.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> </tr> </table>	OPTION	GRADE	EARNED RATING	PREFER-ENCE	AUX. RAT.				<input type="checkbox"/> 5 POINTS (TENT.)					<input type="checkbox"/> 10 POINTS WIFE OR WIDOW					<input type="checkbox"/> DISAL.					<input type="checkbox"/> BEING INVESTIGATED	
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			<input type="checkbox"/> DISAL.																											
			<input type="checkbox"/> BEING INVESTIGATED																											
9. DATE OF BIRTH (month, day, year) 23 June, 1918		10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		<i>Photographer Eley (General) (Eley at CSC on Form 62)</i>																										
11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) Baltimore, Maryland																														
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		13. (A) HEIGHT WITHOUT SHOES: 5 FEET 3 INCHES																												
		(B) WEIGHT: 170 POUNDS																												
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INITIALS AND DATE J.T.S. 6-24-49																												
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE																														

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$... 5000 ... PER YEAR. <i>You will not be considered for any position with a lower entrance salary.</i>		(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:	
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS		<input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES	
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.		<input type="checkbox"/> OUTSIDE THE UNITED STATES	
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY		(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:	

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: September, 1947 PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION Officer-in-Charge Photographic Dept.	CLASSIFICATION GRADE (if in Federal Service) LT AS USNR	SALARY OR EARNINGS: STARTING: \$ PER PRESENT: \$ PER
PLACE OF EMPLOYMENT (city and State) NNMC, Bethesda, Maryland	NAME AND TITLE OF IMMEDIATE SUPERVISOR Captain M.J. Aston MC U.S. Navy		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) U.S. Naval Medical School National Naval Medical Center	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Medical Department, U.S. Navy		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 15 Service Personnel	REASON FOR DESIRING TO CHANGE EMPLOYMENT Release to inactive duty		
DESCRIPTION OF YOUR WORK Officer-in-Charge of the Medical Photographic Department. Responsible for all types of photography at NNMC, maintains full technical and administrative supervision of all photographic operations. Responsible the preparation of still and motion pictures of all medical, surgical research, scientific and functional subjects in black and white and color. Directs curriculum and supervises instruction of the only Medical Photography School in the U. S. Navy. Advises professional staff members regarding illustrative material required for publication and instructional purposes. Responsible for medical slide and Training Film Library.			

MD 92

② DATES OF EMPLOYMENT (month, year) FROM: January, 1946 9/47		EXACT TITLE OF YOUR POSITION Officer-in-Charge Photographic Dept.	CLASSIFICATION GRADE (if in Federal service) Lt HS USNR	SALARY OR EARNINGS: STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State) U.S. Naval Hospital San Diego, California		NAME AND TITLE OF IMMEDIATE SUPERVISOR Captain E. P. Kunkel MC U.S. Navy		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) U.S. Naval Hospital San Diego, California		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Medical Department, U.S. Navy		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 15 Service Personnel		REASON FOR LEAVING Official Change of Duty		
DESCRIPTION OF YOUR WORK Officer-in-Charge Photographic Department, Medical Illustration Department, Audio-Visual Department, Training Aids, Responsible for the preparation of still and motion pictures photography of all medical, surgical research, scientific and functional subjects in black and white and full color. Responsible for all medical drawings of the above. Directed and supervised the Medical Drawing Course. Responsible for the preparation of all audio-visual training aids. Responsible for the Medical Slide and Film Library. Set-up and organized the Above departments at the U.S. Naval Hospital, San Diego, California. As an extra duty was Officer-in-Charge of the Recreation Department and Editor of the local station paper.				

③ DATES OF EMPLOYMENT (month, year) FROM: 10/42 to: 1/43		EXACT TITLE OF YOUR POSITION Naval Officer	CLASSIFICATION GRADE (if in Federal service) Ens HS USNR	SALARY OR EARNINGS: STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State) Bethesda, Maryland		NAME AND TITLE OF IMMEDIATE SUPERVISOR Captain Wilson MC U.S. Navy		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) U.S. Naval Medical School National Naval Medical Center		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Medical Department, U. S. Navy		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 6 Service Personnel		REASON FOR LEAVING Official Change of Duty		
DESCRIPTION OF YOUR WORK Under indoctrination for duty with the Medical Department of the U. S. Navy. While under indoctrination instructed service personnel in medical drawing and photography.				

④ DATES OF EMPLOYMENT (month, year) FROM: June, 1947 to: October, 1949		EXACT TITLE OF YOUR POSITION Director Art & Photo Dept.	CLASSIFICATION GRADE (if in Federal service) a	SALARY OR EARNINGS: STARTING \$ 2000 PER FINAL \$ 3800 PER
PLACE OF EMPLOYMENT (city and State) Milwaukee, Wisconsin		NAME AND TITLE OF IMMEDIATE SUPERVISOR Dr. E. H. Hansmann M.D. Director Pathol		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) The Columbia Hospital Milwaukee, Wisconsin		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Hospital		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 Civilians		REASON FOR LEAVING Entered Military Service		
DESCRIPTION OF YOUR WORK Founded and organized the Medical Arts Department at the Columbia Hospital, Milwaukee, Wisconsin. Responsible for still and motion pictures of all medical, surgical, research, scientific and functional subjects in black and white and full color. Responsible for all medical drawings of the above. Responsible for the preparation of medical exhibits and material for medical meetings and conferences. Technical Advisor and Associate to the Department of Medical Photography, Mt. Sinai Hospital, Milwaukee, Wisconsin. and free lance work in the above fields of medical illustrations through Wisconsin.				

⑤ DATES OF EMPLOYMENT (month, year) FROM: _____ TO: _____	EXACT TITLE OF YOUR POSITION _____	CLASSIFIC (if in Fe	GRADE (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 _____ _____ _____ _____ _____				

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		

18. EDUCATION. (Circle highest grade completed):
 1 2 3 4 5 6 7 8 9 10 11 **⑫**

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF
 ELEMENTARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED
Baltimore City College, Baltimore, Md.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED
Academic

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		SEMESTER HOUR CRED
		FROM	TO	DAY	NIGHT	TITLE	DATE	
University of Maryland	PreMed	1936	1937	one				30
University of Maryland School of Medicine	Med Arts	1937	1941	three			6/41	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
Zoology	8	Medical, Photography, Drawing, Moulage	494
Comparative Anatomy	8	and Moulage Prosthesis.	
		Human Anatomy	32

(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

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING	SPEAKING	UNDERSTANDING
	EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. GOOD FAIR
German		X	X
Latin	X		X

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.)?

YES NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR): _____

LATEST LICENSE OR CERTIFICATE (YEAR): _____

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)

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.

Articles written and published in the U.S. Navy Medical Bulletin
 Member Biological Photographic Association
 Gold Medal Award-American Academy of the Surgeons 1941
 Certificate of Merit, Wisconsin State Society

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

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND

00102

