STANDARD FORM 57
REVISED MAY 1954
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

Attention. All statements must be true and complete. False and incomplete statements may lead to dismissal and to punishment by law.

	Kind of position applied for or name of examination Laborer III		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only					
NO.	2. Option(s) (if mentioned in examination announcement None	Appor.	Material Subn		Entered Register:			
APPLICATION	3. Place of employment applied for (city and State) Salmon, Idaho	Nonapp Notations:	or. Retur	App. Re	eview:			
CA	4. (First name) (Middle) (Maiden, i	t)		-				
APPLI	Mr. August Orlo	ALCOHOL:		Approve	ed:			
	5. Street and number or R. D. number None	Option	Grade	Earned Rating	Prefer- ence	Augm. Rating		
	City or post office (including postal zone) and State Salmon, Idaho			21873	Points (Tent.)			
	6. Place of birth City Kichmond, XXXI					Point Comp. Dis.		
MENT	State or foreign country	Utah				Point		
NCE	7. Date of birth (month, day, year)	8.				Disal.		
ANNOUNCEMENT	March 26, 1918	Male Female				Being Inves- tigated		
4	9. Height without shoes 8 inches Weight 110 pounds	10. Marrie Single	d Initials and Date					
11. Home pl 21FO	Idaho	Dates of service	in that grade	the Federal (nt, indicate la	ist grade	
		From O-110)	То	TO.			
14. AVAILA	BILITY INFORMATION. A. Indicate the lowest salary You will not be considered for	120	a lower entrance salary.	day				
B. If you are	e now a Federal employee, indicate the lowest grade you wil	accept	3-3	toppot .				
total and	accept appointment for 1 to 3 months? or refusal of a short-term appointment will not affect your		3 to 6 months?	Qct wast	≥ 6 t	to 12 months	?	
D. Are you	willing to travel	Pines of [Frequently?			Constantly?		
E. Will you	accept appointment	. C.?	Anywhere in United	States?	Ou	tside U. S.?		
	Il accept appointment only in certain locations, list them: Idaho or Mo N PREFERENCE. A. If you claim 5-point preference ba	Mark Hall Hall has a gr	Salmon, Idah			No. of the last of		
	ntry into active service Date(s) of separation	Branch of se	ervice	Serial n	ımber. I	f none, give	grade or	
1-20-	-43 11-21-45	U. S.	y, Air Force, etc.) Army	39	separation 908 023			
B. Do you c	laim 5-point preference as a peacetime campaign veteran?	*		X Yes		☐ No	OIL AYEN	
	laim 10-point preference?	possing a	Parkitan eta	Yes		No No		
D. Have you Yes Preturned to y	ever been granted 10-point veteran preference or 5-point No If so, indicate below the office which granted this prou.	preference as a pe eference to you.	eacetime campaign veter Attach your notice of p	ran by the U. preference allo	S. Civil wance if	Service Compavailable. It	mission? will be	
Name of U. Civil Service	S. Civil Service Commission office or name of Board of University		Commission office or I					
CITIL DELTICE	curr-entire as							
		State				CONTRACTOR		
THIS SPACE certificate, w	E FOR USE OF APPOINTING OFFICER ONLY. The hich shows that the separation was under honorable condition	information contai	ined in answer to quest	ion 15A has b	een verifie	ed with the d	ischarge	
Signature	Well Tragger	Agency	U.S. Forest	Service	, Sal	mon, Id	ah o	
Tiele	lexus (last!)	Date	5-11-59					
Title		Date						

16. EXPERIENCE. (Start with your present posit	ion and work back)	Date					
Dates of employment (month, year)	1059	Exact title of your position					
From June 1948	To present time	Rancher					
		Place of employment	Kind of business or organization				
Salary or earnings	Classification Grade (if in Federal service)	City Salmon	Kind of business or organization (manufacturing, accounting, insur- ance, etc.)				
Starting \$ per	car home able conditions, it						
Final \$ per	DCBC ONLY. The lateral	State Idaho Farming					
Name and address of employer (firm, organization	, etc.)	Name and title of immediate supervisor					
Self-employed		Self-employed					
Reason for wanting to leave	onnie of Board of U. S.	Address of Commission other or bran-	of Leacher's				
Description of work							
For the past eleven years ranch. In this time, I had livestock, their care and	ave become thore	oughly familiar with	all types of				
and the practice of crop : country and thus I have a							
In addition to the bay and	d pasture, I gra	ow wheat, barley and	oats.				
THE ARTHUM AND PROPERTY OF THE SOUTHWAY	nabour, teamquee proof no	Levelude strength considerations					
			entropy for a superior such that				
(2) Dates of employment (month, year)		Exact title of your position					
From Jan 1946 To	June 1948	Engineering Aid					
Salary or earnings	Classification Grade	Place of employment	Kind of business or organization (manufacturing, accounting, insur				
Starting \$ 2320 per annum	(if in Federal service)	City Palisades	(manufacturing, accounting, insurance, etc.)				
Final s 3146 per annum	SP-7	State Idaho	Surveying				
The state of the s		Name and title of immediate supervisor	V (2)				
Name and address of employer (firm, organization Bureau of Reclamation	, etc.)	Do not recall					
		no not recerr					
Idaho Falls, Idaho	THE PERSON NAMED IN COLUMN	The state of the s					
Reason for leaving Reduction in	Force	The state of the s					
Description of work							
I was an instrumentman of I did all kinds of surveys a party chief with from he and the alidade. During i	to 8 men in the	nighway, building, and a survey crew. I ran	l land. I became transits, levels				
office on computations of							
OLLEGO OH OMINGO OLOHO OL	Wadagalama_J_ac_g_bd.						
22 Nove lif to	Jan-46 - Unemp	Lorenz Lo					
22-1104-40 00 6	en-do - onem	royea					
THE REPORT OF THE PROPERTY OF			THE RESIDENCE OF THE PARTY OF T				
3 Dates of employment (month, year)		Exact title of your position					
	L-Nov-45	Staff Sergeant					
Salary or earnings	Classification Grade (if in Federal service)	Place of employment	Kind of business or organization (manufacturing, accounting, insur				
Starting \$ per		City Army	ance, etc.)				
Final \$ per	The York Court I was	State	Military				
Name and address of employer (firm, organization	ı, etc.)	Name and title of immediate supervisor					
		Ohnes					
			Village				
Reason for leaving Honorable Dis	charge	March 1					
Description of work	012012	Error D. C.					
	and of a batall	dan of Manustada Tura	15-2-2				
I was the operations serge							
plans and training, map wo							
Here I became familiar wit	n air photos ar	d their interpretation	m.				
		CIAN.					
Fahrage stiff			144 714 71				
	iong or in telephon	DO EK	ALABOR DA PARE DE DUK				

STANDARD FORM 57A
MAY 1954—U. S. CIVIL
SERVICE COMMISSION

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. Typewrite or write clearly in dark ink.

DESCRIPTION OF WORK						
1. NAME (First, Middle, Maiden (if any), Last)			2. DATE OF BIRTH (month, day, year)			
August Orlo Johnson		March 26, 1918				
3. KIND OF POSITION APPLIED FOR OR NAME OF EXAMINA	TION	4. DATE OF THIS CONTINUATION SHEET				
Laborer III	m, etc.)	NAME AND TYGE OF BUS	5-11-59			
Activity 2 Sept.		BTATE				
DATES OF EMPLOYMENT (month, year)	An an Authorst Sources	EXACT TITLE OF YOUR PO		(manufacturing, accounting,		
FROM 12-41 TO	1-43	Chainman, Levelman, Instrumentman				
SALARY OR EARNINGS	CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)		
STARTING \$ 70.00 PER Week		CITY Kodiak		A THE RESIDENCE AND ADDRESS OF THE PARTY OF		
FINAL \$ 90.00 PER Week	STATE Alaska Contractor					
NAME AND ADDRESS OF EMPLOYER (firm, organizatio		NAME AND TITLE OF IMM	IEDIATE SUPERVISOR			
Siems Drake Puget Son	and					
Seattle, Washington		Do Not	Remember			
REASON FOR LEAVING Army						
DESCRIPTION OF WORK	and the contract of the					
I was employed as a chainm	an on a civil e	ngineering cr	ew, charge	d with the laying		
out of docks, piers, build	ings, and roads	. With exper	ience, I b	ecame a levelman and		
then learned how to run a	transit. I hel	ped run both	topographi	e and hydrographic		
surveys.		COUNTY CO				
a long to the same of the same	The same Linguist, Survival	CIAA		(manufactured, contracting,		
SALARY DR. CAGRITURE	CLASSIFICATION GROUP	ATTICS OF BUILD WHEN	OCUTION	KIND HE BUSINETS ON THE WILLYTON		
DATES OF EMPLOYMENT (month, year) FROM MONT 101.7 TO	of the later of the later of	EXACT TITLE OF YOUR P				
Thom Tidy 1741	Nov 1941	Range Exam	iner	T		
SALARY OR EARNINGS	CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting,		
starting \$ 1620 PER annum		city Pocatel	10	insurance, etc.)		
FINAL \$ PER		STATE Idaho		Grazing		
NAME AND ADDRESS OF EMPLOYER (firm, organization	n, etc.)	NAME AND TITLE OF IMM	IEDIATE SUPERVISOR			
U. S. Grazing Service	WM. And	erson				
Pocatello, Idaho		Temps II		ACT OF THE PARTY O		
REASON FOR LEAVING End of seas	onal employment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DESCRIPTION OF WORK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second second		***		
I was part of a range surve						
was to traverse the section						
The grazable species were o	f first importa	nce, however	all specie	s were identified a		
noted. As this was a perce	ntage survey, f	ive plots of	one hundre	d square feet were		
taken to the mile. In each	of these plots	the density	in square	feet of each plant		
species was measured and no	ted. For contr	ol, the secti	on lines w	ere followed by mea		
DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR P	OSITION			
Cont d.		DI ACE OF EVEN OVAL		VIND OF BUCINESS OF ORGANIZATION		
SALARY OR EARNINGS	(if in Federal Service)	PLACE OF EMPLOYMENT		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting,		
STARTING \$ PER	THE REPORT OF	CITY		insurance, etc.)		
FINAL \$ PER	Management of	STATE	THE PROPERTY OF	The Control of the Co		
NAME AND ADDRESS OF EMPLOYER (firm, organization	n, etc.)	NAME AND TITLE OF IMM	MEDIATE SUPERVISOR			
DERCEMBLISH KNUMCKK						
TODYO THE THERE IT SONOT		200 200 00000	e entre a la la la			
REASON FOR LEAVING						
DESCRIPTION OF WORK*		S. A. or Whitefully		State of each state of the state of		
of pacing and a compass, an	d as one worked	along the li	ne it was	necessary to keep		
a vegetative map showing ch		Each evening		was correlated to t		
			d the man	ing canacity		
strips on either side, and	onus an area wa	s covered, an	o one graz	LIE Caractuy		
determined.	THE TANK					
Dec. 1910 to Mar	7017 - School	PRINTE CHIPPER VIEW	anning of			
Dec Tand to US	V JULL W DELIGOL	AND REAL PROPERTY OF THE PERSON NAMED IN				

16-70438-1

(6) FROM MONT 7010 TO		EXACT TITLE OF YOUR POSITION				
FROM May 1940 TO	Dec 1940	Fireguard				
SALARY OR EARNINGS	CLASSIFICATION GRADE	PLACE OF EMPLOYMENT	KIND OF BUSINESS OR ORGANIZATION			
STARTING : 1/1/10 PER annum	(if in Federal Service)	city Salmon	(manufacturing, accounting, insurance, etc.)			
	The same of the sa	STATE Idaho	Forest Morals			
FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization)	on etc.)	NAME AND TITLE OF IMMEDIATE SUPERVISOR	Forest Work			
U. S. Forest Service		Irvin Robertson				
Salmon, Idaho						
REASON FOR LEAVING School						
DESCRIPTION OF WORK						
During the fire season, m	y job was fire	detection and control.	I was stationed			
on a lookout. At the clo	sing of the fir	e season. I worked on t	rail maintenance			
and construction crews.						
station maintenance			WANTED THE PROPERTY OF THE PARTY OF THE PART			
	7.000 1 7.000	010 01 7				
DATES OF EMPLOYMENT (month, year)	1939 to May 1	9/10 - SCHOOL EXACT TITLE OF YOUR POSITION				
(7)						
+ HOM JULIE 1939	Oct 1939	Fireguard	The second secon			
SALARY OR EARNINGS	CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting,			
STARTING \$ 1320 PER annum		city Salmon	insurance, etc.)			
FINAL \$ PER	estable in the feet was	STATE Idaho	Forest Work			
NAME AND ADDRESS OF EMPLOYER (firm, organization	on, etc.)	NAME AND TITLE OF IMMEDIATE SUPERVISOR				
U. S. Forest Service		Do not recall	topio committe il i			
		Do not recall				
Salmon, Idaho REASON FOR LEAVING Sahool	STATE OF THE PARTY OF					
REASON FOR LEAVING School DESCRIPTION OF WORK						
I was a fireguard on a l						
be vigilant, to locate a	nd to report an	t fires or signs of fir	e. Supression of			
fires was also expected	of me. Attende	d two fire schools.				
EVALUATE STORY STORY		ore Beautollo	(pasterior, gar.)			
Prio	r to 1939. I wa	s a student	Your es entitue ou numero inte			
DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION				
FROM						
FROM		STREET THE CONTRACTOR STREET,				
SALARY OR EARNINGS	CLASSIFICATION GRADE	PLACE OF EMPLOYMENT				
SALARY OR EARNINGS	CLASSIFICATION GRADE (if in Federal Service)					
SALARY OR EARNINGS STARTING \$ PER		CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	(if in Federal Service)	CITY	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	(if in Federal Service)	CITY	(manufacturing, accounting			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization)	(if in Federal Service)	CITY	(manufacturing, accounting			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	(if in Federal Service)	CITY	(manufacturing, accounting			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK	(if in Federal Service)	CITY	(manufacturing, accounting,			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year)	(if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO	(if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION	(manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO	(if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS	(if in Federal Service) on, etc.) CLASSIFICATION GRADE	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION	(manufacturing, accounting insurance, etc.) KIND OF BUSINESS OR ORGANIZATION			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER	(if in Federal Service) on, etc.) CLASSIFICATION GRADE	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT	(manufacturing, accounting insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting			
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SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE	(manufacturing, accounting insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization)	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting, insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting, insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization)	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	(manufacturing, accounting, insurance, etc.) KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING DESCRIPTION OF WORK DATES OF EMPLOYMENT (month, year) FROM TO SALARY OR EARNINGS STARTING \$ PER NAME AND ADDRESS OF EMPLOYER (firm, organization) REASON FOR LEAVING	classification grade (if in Federal Service)	STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR EXACT TITLE OF YOUR POSITION PLACE OF EMPLOYMENT CITY STATE NAME AND TITLE OF IMMEDIATE SUPERVISOR	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)			

Dates of employment (month, year)	TI TEIV	TENTAL	SHEETS Exact title o	VALUE OF THE PARTY OF THE PARTY.	Marie Company	PARKET INC.	AUGUSTAM L'DOSANTE	ACCOUNT DESCRIPTION OF THE SECOND	
From			Exact title of your posit						
Salary or earnings	Classification	Grade	Place of emp	ployment		Kine	d of busin	less or o	rganization
Starting \$ per	(if in Federa	l service)	City				nufacturing, etc.)	z, accoun	nting, insur-
Final \$ per			State			of my hard			
Name and address of employer (firm, organizat	tion, etc.)	and Title	Name and ti	itle of imm	ediate supe	ervisor	of Days the		la cellistan
Reason for leaving									
Description of work		7							
				CLU .	INCTIDATE:	THON CURL	T		
If you need add	itional experience b	olocks, use su	pplemental she	ets. SEE	INSTRUC	TION SHEE	T.	NAME AND ADDRESS OF THE OWNER, WHEN PERSON	e serectorius annual mentre
17. SPECIAL QUALIFICATIONS AND SKII			last her						
(A) Licenses and Certificates.—Indicate the k the State or other licensing authority which teacher, electrician, lawyer, radio operator, C Kind of License None License Author	granted it; for ex. P. A., etc.	ertificate and ample, pilot,	such as: (1) (2) (3) (4)	Your more requested) Your pater Public spea Membershi	important ats or inver- iking and p	publication	s. (Do no	ot submit	r application, copies unless
		ment von can	The second second	rionors and	1 Tellowstii	ps received.			
(B) List any special skills you possess and m use, such as short-wave radio, multilith, compt scientific or professional devices.	cometer, key-punch,	turret lathe,	To your b	Db4	Sigma				
Transit			under start	He	onorar	y Bota e Star	nical	Socie	ety
(C) Approximate number of words per minute	in:								
Typing 45 Shorth	and								
	MANAGEM THE PROPERTY OF THE STANSFORM	A DECEMBER OF THE PARTY OF THE				THE RESIDENCE OF THE PERSON OF			
18. EDUCATION.	menti talingi wa								
A. Give the highest elementary or high-school If you completed high school, give date	grade completed 1936	12	B. Name an			Idaho	nded:		
C. Name and location of college or university:		Date	s attended	Years c	ompleted	Credit	hours	1 and 1	Degrees
art on those parties consider a called ed to		From		Day	Night		or Quarter		received
University of Idaho (S.	Reamoh)			No. of the last				179	
	- Prement	1936	1938					B.S.	in
Pocatello, Idaho University of Montana			-7.30				A DESCRIPTION		stry
Missoula, Montana		1938	1941			TOTAL DE DE			ge Mgt.
D. Chief undergraduate college subjects	Credit hours	-	f graduate col	lege subjec	ts	erpel conti			edit hours
	Semester or Qua	arter						Semest	ter or Quarter
Forestry (General)	913		Se Pley In	n' depart		Lie Lineau	on by a st	all market	
Botany Forestry (Technical)	19 99						SOUTH CO	The same	Trik 100
F. Other schools or training, such as trade, voo	cational, Armed Fo.	rces, or busin	ess. Give for	each name	and locati	on of school	, dates atte	ended, sul	ojects studied,
certificates, and any other pertinent data:	N	ONE							
10 IV	THE PARTY OF THE P	20 7 11	N. W. Co. Lawrence and Co. Lawrence and Co.		- C D	7:- a C	alain's Tra	arvenment	T07_1.*
19. Have you lived or traveled in any foreign	countries?	20. Indi foreign	cate your k	nowledge				nderst'ng	
Yes No		THE PERSON NAMED IN	**	HE THE	EXC. GO	JU FAIR EXC. G	OOD FAIR EXC	GOOD FAIL	R EXC. GOOD FAI
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).			None						

214/-

HAVE DEFI	NCES.—List three persons living in the United INITE KNOWLEDGE of your qualifications Item 16, EXPERIENCE.	d States (or Teres for	rritoria r the	es of the United States who are NOT RELATED TO YO position for which you are applying. Do not repeat name	S of su	perviso	HO ors
- midel	FULL NAME PRESENT BUSINESS OR HOME ADDRESS Give complete current address				complete current address	1000		N
1. Mr.	Lowell Udy	Sal	mor	1, 1	Idaho Land Mana	U.S. Bureau of Land Management		
2. Mr.	Derrel Fulwider	Vale, Oregon			egon U.S. Bure Land Mana			
3.					Idaho U.S. Fore		erv.	
	TE ANSWER BY PLACING "X" IN PROPER COLUM		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUM	117	LES	TAO
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?			x		28. May inquiry be made of your present employer regar your character, qualifications, etc?		x	
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?				x	29. Do you receive or have you applied for an annuity from United States or District of Columbia Government under retirement act or any pension or other compensation for mit or naval service?		Part I	
	now, or have you ever been, a member of a	Fascist		x	If your answer is "Yes," give details in Item 34. 30. Are you an official or employee of any State, Terr county, or municipality?	itory,		75
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				x	If your answer is "Yes," give details in Item 34. 31. Have you ever been barred by the U. S. Civil Service mission from taking examinations or accepting civil-sappointments? If your answer is "Yes," give dates of and reasons for debarment in Item 34.	r such		x
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)					32. A. Have you ever been discharged from employment been (1) Your conduct was not satisfactory? (2) Your work was not satisfactory?	cause:		X
					B. Have you ever resigned after official notification that (1) Your conduct was not satisfactory?	ıt:		X
				- cettle	(2) Your work was not satisfactory?		1 1	X
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				x	C. Have you ever been discharged from the Armed Sounder other than honorable conditions? If your answer to A, B, or C is "Yes," give details in It as clearly as you can remember, including the name and a of employer, approximate date, and reasons in each case.	tem 34		x
27. A. Have	ve you any physical handicap, chronic disease, o			x	of employer, approximate dute, and reasons in case			
disability? B. Have you ever had a nervous breakdown? C. Have you ever had tuberculosis?				X	33. Have you ever been arrested, charged, or held by Fe State, or other law-enforcement authorities for any violat any Federal law, State law, county or municipal law, regulator or ordinance? Do not include anything that happened your 16th birthday. Do not include traffic violations for a fine of \$25 or less was imposed. All other charges m included even if they were dismissed.	which just be	x	****
	inswer to A, B, or C is "Yes," give details in I	tem 34.		- C	If your answer is "Yes," give in Item 34 for each cas approximate date, (2) charge, (3) place, (4) action taken.	e: (1)	1000	100
	FOR DETAILED ANSWERS TO OTHER		ONS	Ind		p System o	(Elly in	Histor
Item No.					Item No.			
19	I spent from Jan 1945 to 1945 in Italy with the A				95			
33	10-3-58 I shot two group			- CC				
	hand gun instead of shot violation until 10-4-58. fine at Salmon, Idaho	gun,	, a ld \$	15				
of this app.	olication.				on each sheet your name, date of birth, and examination title.			
ATTENT. tion, go b Admitted determinin of your ap	TON: If you are appointed, all facts you give tack over it to make sure you have answered all unfavorable information about such matters an ag your present fitness for Federal employment pplication or your dismissal after appointment	will be s l question s arrests . Howe t and is	subject ns cor or dis ver, a punish	t to in rectly scharge false hable	restigation including a check of your fingerprints. Before sign and fully, so that your eligibility can be decided on the bases will be considered together with the favorable information statement or dishonest answer to any question may be ground by law.	gning the sis of all in your ds for c	l the ir reconancella	facts. rd in ation
I CER in good fa	RTIFY that the statements made by me in this	applicati	ion ar	e true	, complete, and correct to the best of my knowledge and bel	())	ade
Date	5-11-59				Signature of applicant of A Colo	John	ns	Ω
400				1.200				-