

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD														
TO: Office of Personnel, Control Division, Statistical Reporting Branch														
SERIAL NO. 1-0 036130		NAME												
		LAST (Print) FLORES			FIRST 7-26 DANIEL				MIDDLE					
INSTRUCTIONS														
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (<i>One only</i>). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.														
PCS DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE	37		38 39		CODE
25-26	27-28	29-30	31-32	33-34	35-36									
TDY DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			CODE	37		38 39		CODE
25-26	27-28	29-30	31-32	33-34	35-36									
02	09	77	02	18	77				2			CANADA		120
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA														
<i>per. Jagne 5467</i>														
SOURCE DOCUMENT AND CERTIFICATION														
<input checked="" type="checkbox"/> TRAVEL VOUCHER <input type="checkbox"/> CABLE <input type="checkbox"/> OTHER (Specify)						<input type="checkbox"/> DISPATCH <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT								
DOCUMENT IDENTIFICATION NO. LA 10-77						DOCUMENT DATE/PERIOD 2/9 - 2/18/77								
REMARKS														
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
<input checked="" type="checkbox"/> C & L DIVISION, CYPR <input checked="" type="checkbox"/> C & T DIVISION			DATE 3/25/77			SIGNATURE <i>Mike Mawanga</i>								
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER														

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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

036130

FLORES

DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
02	22	77	02	25	77		2		CANADA	120

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77 DOCUMENT DATE/PERIOD 2/22-2/25/77

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO		
C & L DIVISION, CYR.	DATE 3/25/77	SIGNATURE Mike Mawang
C & T DIVISION		

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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-8 036130	(Print) ELCRES	DANIEL	

INSTRUCTIONS

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PCS DATES OF SERVICE

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MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38-39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38-39		40-42
03	03	77	03	05	77		2		WESTERN HEMISPHERE	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77	DOCUMENT DATE/PERIOD 3/3-3/5/77
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REMARKS

PREPARED BY 100	REPORT SUBMITTED BY 100	ADDS DATA CERTIFIED CORRECTLY BASED UPON SOURCE DOCUMENT LISTED
100	DATE 3/25/77	SIGNATURE Wade D. [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14510

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CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HDB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) **Flores** (First) **Daniel** (Middle)

1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE

Lima, Peru

DATE OF MARRIAGE

18 Nov 1960

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE

Dorothy A. Flores

ADDRESS (No. Street, City, State, Zip Code)

8151 Larkin Lane, Vienna, Va.

TELEPHONE NO.

573-0797

NAMES OF CHILDREN

Zola Marie Flores

ADDRESS

(Same as above)

22180

SEX

F

DATE OF BIRTH

15 Mar 74

NAME OF FATHER (or male guardian)

ADDRESS

TELEPHONE NO.

NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)

ADDRESS

TELEPHONE NO.

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mr. Lonnie Bruce - Brother-in-law

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HDB 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME

DATE OF BIRTH

RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr, Mrs, Miss)

Mr. Vincente Paltan

RELATIONSHIP

Brother-in-law

HOME ADDRESS (No. Street, City, State, Zip Code) and HOME TELEPHONE NO. (if applicable)

627 South River St., Soguin, Tex. 78155

HOME TELEPHONE NUMBER

512-379-1087

BUSINESS ADDRESS (No. Street, City, State, Zip Code) and HOME TELEPHONE NO. (if applicable) BUSINESS TELEPHONE NO. (if applicable)

Soguin School District System

IF THE ABOVE LISTED NAME ABOUT LISTING OF YOUR DEPENDENT PERSONNEL ALL THAT YOUR NAME AND ADDRESS OF ORGANIZATION OR AGENCY THE LAST TWO

Department of State

X

IF YOU ARE THE ONLY PERSON WHO WILL BE RESPONSIBLE FOR THE CARE OF THE DEPENDENT PERSONS IN THE EVENT OF YOUR DEATH OR UNEXPECTED DEATH, THEN CHECK THIS BOX AND SIGNATURE OF PERSON AT THE END OF THIS FORM (If you are not the only person responsible, check the box for the person who is).

Dorothy A. Flores - Spouse

X

IF YOU HAVE OTHER RELATIVES WHO ARE DEPENDENT UPON YOU, CHECK THE BOX FOR EACH RELATIVE AND SIGNATURE OF EACH RELATIVE AT THE END OF THIS FORM.

X

THE PERSONS NAMED IN THIS FORM ARE TO BE NOTIFIED IN CASE OF EMERGENCY. IF YOUR NOTIFICATION IS NOT BEING FURNISHED TO YOU BY YOUR ORGANIZATION, PLEASE ADVISE THE SECRETARY OF THE ARMY TO THE SECRETARY OF THE ARMY.

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(When Filled In)

5. VOLUNTARY ENTRIES	
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.	
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.	
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)	
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)	
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)	
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS	
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY (No Approval Required)	
RESIDENCE WHEN EMPLOYED (Full Address)	PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-2 (Full Address)
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NR 22-2) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)	
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNATE
	DATE
	CLASSIFICATION OF PERSONNEL (When Applicable) (See NR 22-2)
	DATE
SIGNED BY	SIGNATURE
<i>H. J.</i>	<i>151</i>

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD																				
TO: Office of Personnel, Control Division, Statistical Reporting Branch										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE PURCHASED <i>BY 4</i> </div>										
SERIAL NO.		NAME																		
		LAST		FIRST				MIDDLE												
036130		FLORES		DANIEL																
INSTRUCTIONS																				
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PCS DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			37 38 39		CODE 40-42									
25-26	27-28	29-30	31-32	33-34	35-36															
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25-26	27-28	29-30	31-32	33-34	35-36															
04	26	76	05	08	76	2					WESTERN Hem 861									
OFFICE OF PERSONNEL USE ONLY - PURCH AREA																				
SOURCE DOCUMENT AND CERTIFICATION																				
TRAVEL VOUCHER						DISPATCH														
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT														
OTHER (Specify)																				
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE / PERIOD														
870-7-76						May 26 - May 7 76														
REMARKS																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PREPARED BY</td> <td>REPORT SUBMITTED TO</td> <td>ADJUTANT GENERAL CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>SIGNATURE</td> </tr> <tr> <td>6-8-76</td> <td>6-8-76</td> <td></td> </tr> </table>												PREPARED BY	REPORT SUBMITTED TO	ADJUTANT GENERAL CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED	DATE	DATE	SIGNATURE	6-8-76	6-8-76	
PREPARED BY	REPORT SUBMITTED TO	ADJUTANT GENERAL CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED																		
DATE	DATE	SIGNATURE																		
6-8-76	6-8-76																			
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FORM 10510 (REVISED 1-66)

SECRET

(10-101)

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Instructor Training Workshop

Student: Flores, Daniel Office: OTR
 Year of Birth: 1935 SD: D
 Grade: GS-12 EOD Date: 1962
 Number of Students Enrolled: 6 Date of Course: 7/26 - 8/8/76

COURSE OBJECTIVES--CONTENT AND METHODS

The Workshop objectives provide participants with a knowledge of the major principles, methods, and practices of effective instruction, and an opportunity to develop skills as an instructor by applying this knowledge in an instructional setting. Participants are able to analyze their audience and teaching objectives, prepare lesson plans, effectively present the material to be learned, and then evaluate the results of their training efforts.

The instruction required maximum student involvement with major emphasis on the application of instructional methods in the students presentation of units of instruction. Students were not graded during the Workshop, but they were constructively evaluated by the instructor and fellow participants both verbally and through the use of video tape.

Students were required to give a fifteen-minute lecture, a twenty-minute demonstration, and a fifty-minute lesson in his basic subject.

ACHIEVEMENT RECORD

This is a certificate of attendance only, since examinations are not used in the course.

FOR THE DIRECTOR OF TRAINING

11/10/76 *Stanley W. Specker*
 DATE STANLEY W. SPECKER
 Chief Instructor

E 2 IMPDET CL BY 010628

C-O-N-F-I-D-E-N-T-I-A-L

ADMINISTRATIVE
Internal Use Only

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3/1/135/4534

REPORT OF SERVICE ABROAD											
TO: Office of Personnel, Control Division, Statistical Reporting											
SERIAL NO.		LAST		FIRST		NAME					
1-6		(Point)		7-26							
0.361.30		Flemons		Amice							
INSTRUCTIONS											
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PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION		27	38	39	40-42
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION		27	38	39	40-42
07	16	75	07	19	75			2			811
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA											
SOURCE DOCUMENT AND CERTIFICATION											
<input checked="" type="checkbox"/> TRAVEL VOUCHER						DISPATCH					
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)											
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD					
REMARKS											
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED		
SLO						DATE			SIGNATURE		
<input checked="" type="checkbox"/> S & L DIVISION, CTDR.						11/1/75			R. B. King		
<input type="checkbox"/> S & L DIVISION											
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**ADMINISTRATIVE
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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

**FILE
PUNCHED
BY:**

SERIAL NO. 1-5	NAME	
	LAST (Print)	FIRST 7-24
036130	FLORES	DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Use only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 38, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	LATIN AMERICAN	40-42
07	25	75	07	29	75		2			825

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCB		
<input checked="" type="checkbox"/> C & L DIVISION, CTDP.	DATE	SIGNATURE
C & T DIVISION	12/1/75	[Signature]

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REPORT OF SERVICE ABROAD

TO: Office of Personnel Control Division, Statistical Reporting Branch

SERIAL NO.

NAME _____

LAST

F 195

MIDDLE

036130

FLC's

7.14 DANIEL

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PCS DATES OF SERVICE

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MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28 39	40-42

TOY DATES OF SERVICE

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25-26	27-28	29-30	31-32	33-34	35-36		27	28	29	40-42		
1	20	8	7	5	1		2			WH AREA	8	1

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	


DOCUMENT IDENTIFICATION NO.

IDENTIFICATION NO.
44-07-76

DOCUMENT DATE/PERIOD

1) L.C. 3-13-75

REMARKS

PREPARED BY		REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO			
B & DIVISION, CTOR.		DATE	SIGNATURE 
C & T DIVISION			

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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting By

**FILE
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						5 - CANCELLATION						

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25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION						
						6 - CANCELLATION						

10 1 5 7 5 10 2 2 75

2

WESTERN
HEM.

811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify):	

DOCUMENT IDENTIFICATION NO.

LA-145-76

DOCUMENT DATE/PERIOD

10/15-20/75

REMARKS

PREPARED BY

DCO

REPORT ANNOTATED FOR
CONTROL DOCUMENTABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

C & L DIVISION, CTR.

DATE

SIGNATURE

C & L DIVISION

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1-6 036130	(Print) FLORES	7-24 DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
									40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37	38	39
10	30	75	11	04	75		2	WM BRET	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 166-76

DOCUMENT DATE/PERIOD

OCT 30 - NOV 4-75

REMARKS

PREPARED BY	REPORT SUBMITTED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT #1720
DATE	DATE	

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FILE
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BY

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LAST

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(Print)

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PCS DATES OF SERVICE

TOY DATES OF SERVICE

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

DOCUMENT DATE/PERIOD

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DOCUMENT CITE

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(When Filled In)

5/15

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical **FILE** **PUNCHED** **BY** **NAME** **MIDDLE**

SERIAL NO.

LAST

FIRST

1-6

(Print)

7-24

036130

Flores

Daniel

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TOY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42
0	6	0	5	7	5		2			Europe	8
											0
											1

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT SUBMITTED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
1-6	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & P DIVISION, CTR.	5/15/75	R. Flores
<input type="checkbox"/> C & P DIVISION		

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 14510 PREVIOUS EDITIONS
OBSOLETE

SECRET

18-101

SECRET

OFF

18 NOV 1975

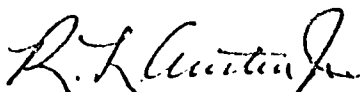
MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation -- Cuban Operations Group,
Latin America Division

On 13 November 1975 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the Cuban Operations Group in recognition of the outstanding performance of the following employees from 1 October 1974 to 30 September 1975:

Felipe Acevedo
Carol A. Barr
Vivian A. Barry
P. Claudette Broyles
Daniel Calloway
Thomas G. Clines
Frank Esquivel
Owen H. Faust
Mary D. Felton
Daniel Flores
Nancy B. Fortson
Ann Goldsworthy
Clyde I. Hinkley
Christine Hopkins
Kathryn Kemp
Myron M. Kline

Barbara Morgenthauer
Mary Muldoon
Mary Musgrave
Sylvia Palmer
Elizabeth Reilly
Carol Rhodes
Nestor D. Sanchez
Joan Silverlieb
Allen Smith
John Blake Smith
Priscilla Tench
Len Therry
Mary A. Velous
Donald Venute
William Watkins
Anne Zimmerman



R. L. Austin, Jr.
Recorder

Honor and Merit Awards Board

Distribution:

- 1 - Each OFF
- 1 - C/LA
- 1 - Recorder/HMAB
- 1 - Exec Sec/HMAB

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REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY/5**

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME	
1-8	LAST	FIRST
36130	(Print) <i>FLORES</i>	1-24 <i>DANIEL</i>

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/S USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/S USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TOY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42
07	04	75	07	14	75		2		WH	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT APPROVED BY CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT - BASED UPON SOURCE DOCUMENT CITES
1 - B & DIVISION	DATE <i>7/15/75</i>	SIGNATURE <i>[Signature]</i>

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

FILE

POSTED
BY/6

REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. -

NAME

LAST

FIRST

MIDDLE

036130

Flares

Daniel

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION					40-42
			03	05	74	3 - CANCELLATION	1				Peru 570

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION					40-42
						5 - CANCELLATION					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 185131	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 3/28/74	SIGNATURE [Signature]
C & L DIVISION, CTDO.		
C & L DIVISION		

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REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

036130

FLORES

DANIEL

INSTRUCTIONS

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MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38-39		40-42

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38-39		40-42
10	05	74	10	07	74		2		Europe	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

WH 119-75

DOCUMENT DATE/PERIOD

10/4 - 10/2/74

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DATE	12/23/74	SIGNATURE
		<i>Daniel L. Harner</i>

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FORM 1451a

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(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

**FILE
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BY 12**

SERIAL NO. 1-6	NAME	
	LAST (Print)	FIRST 7-26
022 25	FLORES	JOSE LUIS

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
07	07	74	07	11	74		2		USFI	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	REPORT ANNOTATED ON (Control Document)	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SEC	DATE 9/10/74	SIGNATURE [Signature]
C & A DIVISION, CTRD.		
C & V DIVISION		

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(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
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BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-6 036130	(Print) FLORES	1-24 DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

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TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39	40-42
06	13	74	06	21	74		2			WA P/1

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SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 6A 542-74	DOCUMENT DATE/PERIOD 6/13-6/14/74
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REMARKS

PREPARED BY	DATE	SIGNATURE
	9 May 74	

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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

1-6
036130

LAST

FIRST

(Print)

FLORES

3-24

DANIEL

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BY**

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

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TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
08	12	74	08	16	74	2			LA AREA	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE PERIOD

12-17 June 74

REMARKS

PREPARED BY REVIEWED BY APPROVED BY	SPECIAL INSTRUCTIONS COMMENTS
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FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
1. NAME OF EMPLOYEE (use pseudo only if SA)	2. DATE (from item 5-1)	3. NAME OF SUPERVISOR (true)	4. DATE (from item 5-2)	
Daniel Flores	27 Feb 73	Richard Welch	27 Feb 73	
5. DATE RECEIVED AT HEADQUARTERS:		6. DISPATCH NUMBER:		7. DATE RECEIVED BY CARRIER SERVICE:
2 March 1973		HPLT-6592		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
4 Aug 1935		GS-11 FI Case Officer	Lima	LNFALL
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
24 Sept 1971	30 Nov 1974	1 Feb 1975	15 Feb 1975 (depending on training.)	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Wife: 37, daughter: 3				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
None				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
<p>September 1971 - July 1972 - Activities of the Communist Party and extreme leftist groups. Labor activities. Preparation of project outlines and progress reports.</p> <p>August 1972 - Present - Chinese Operations. News media capability. Preparation of project outlines and progress reports.</p>				
10. TRAINING DESIRED:				
<p>INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS</p> <p>In the near future I would like to take an advanced operations course. In connection with this, I would like to concentrate on the Soviet and Chinese targets in Latin America. Special courses in these two areas would be extremely helpful. Some time in the future I would like to attend the mid-career course.</p>				

FORM 702

SECRET

SECRET

<p>11. PREFERENCE FOR NEXT ASSIGNMENT</p> <p>11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.</p> <p>At this point in my career the Soviet and Chinese targets are of major interest to me. Although I would prefer to work on Chinese operations in my next assignment, as an alternative I would consider working on Soviet operations.</p>	
<p>11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.</p> <p><input checked="" type="checkbox"/> EXTEND TOUR <u>14</u> MONTHS AT CURRENT STATION TO <u>31 November 1974</u> (date)</p> <p><input type="checkbox"/> BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE. 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____</p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION 1ST CHOICE <u>Caracas</u> 2ND CHOICE <u>Mexico</u> 3RD CHOICE <u>Buenos Aires</u></p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION</p>	
<p>TO BE COMPLETED BY FIELD STATION</p> <p>12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>Concur. This officer is doing a good job on his assigned targets and his overall abilities give the Station a flexibility it often needs to call on.</p>	
<p>TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE</p> <p>13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>Subject's tour has been extended fourteen months to 31 November 1974.</p> <p>DATE <u>4/23/73</u> TITLE <u>C/MH/Pers</u> SIGNATURE <u>H. L. Beythold</u></p>	
<p>FOR USE BY CABLE SERVICE</p> <p>14. APPROVED ASSIGNMENT:</p> <p>15. EMPLOYEE NOTIFIED BY DISPATCH NO. <u>HPIS-3284</u> DATE (typed) <u>23 Apr 73</u></p> <p>CABLE NO. _____ DATED: _____</p> <p>CABLE SERVICE REPRESENTATIVE: _____ DATE: _____</p>	

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(When Filled In)

REPORT OF SERVICE ABROAD																																			
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> FILE PUNCHED BY </div>																																			
TO: Office of Personnel, Transactions and Records Branch, Status Section																																			
SERIAL NO.		NAME																																	
1-6		LAST			FIRST			MIDDLE																											
036130		(Print) FLORES			7-24 DANIEL																														
INSTRUCTIONS																																			
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO UFI NO. 88, REVISED.																																			
PCS DATES OF SERVICE																																			
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY																								
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	2 - CORRECTION	3 - CANCELLATION	1988	38	38	38																							
25-26	27-28	29-30	31-32	33-34	35-36				37	38	39	40-42																							
			0	5	2	8	7	1	1			1																							
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TDY DATES OF SERVICE																																			
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)																								
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic)	2 - CORRECTION	3 - CANCELLATION	1988	38	38	38																							
25-26	27-28	29-30	31-32	33-34	35-36				37	38	39	40-42																							
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TRAVEL VOUCHER						DISPATCH																													
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT																													
OTHER (Specify)																																			
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD																													
16318						28 May 1971																													
REMARKS																																			
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1-6 DIVISION		6/2/71		[Signature]																															
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FORM 1451a (REVISED) PREVIOUS EDITIONS OBSOLETE

SECRET

(4-10)

SECRET
(when filled in)

SERVICE ABROAD AGREEMENT

I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE AHEAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR APOVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTINGENT UPON AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE TO APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

[illegible]

Daniel Flores

50

D

11. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

Currently Gunyaquil, Ecuador

and Next Assignment: Lima Peru

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A. D. OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

x

C. NONSTANDARD TERM OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYER SIGNING THIS AGREEMENT.
(See NF 20-18)

REQUESTED (Memo attached)

OPERATING OFFICIAL

8. NONSTANDARD TOUR OF DUTY OF _____ 00101-2
PREVIOUSLY APPROVED PER HR 20-18.

CONCUR

CAREER SIPPICE

DEPUTY DIRECTOR

OPERATING OFFICIAL

APPROVED

DIRECTION OF PROGRESS

III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PLEASANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU WILL *(see paragraph 4, # 22.3)* NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DRELLING IN THE UNITED STATES, HAS RESIDED OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR TRANSFER TO A POST APPROX. IN ITEM 6 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IS YOUR INTENTION THAT YOUR PHYSICAL DRELLING PLACE IS *(see para)* TRANSFER TO AND THAT SUCH OTHER PLACE IS YOUR LOCOMOTIVE OR WAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DRELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INDICATES OR IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

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5. PHYSICAL DWELLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS: <p align="center">Washington, D. C.</p>		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS: 	
APPROVED		CONCUR	
DEPUTY DIRECTOR <i>[Signature]</i>	DATE 5-20-71	DEPUTY DIRECTOR 	DATE
APPROVED		CONCUR	
DEPUTY DIRECTOR <i>[Signature]</i>	DATE 5-20-71	DEPUTY DIRECTOR 	DATE
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-30B(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS: <p align="center">4505 Washington Street Milwaukie, Oregon</p>		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS: 	
APPROVED		CONCUR	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT <p align="center">Parents-in-law</p>		DEPUTY DIRECTOR 	
APPROVED		CONCUR	
DEPUTY DIRECTOR <i>[Signature]</i>	DATE 5-20-71	DEPUTY DIRECTOR 	DATE
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE <p align="center">See Dispatch Attached <i>[Signature]</i></p>		DATE <p align="center">5/20/71</p>	

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(When Filled In)

RESIDENCE AND DEPENDENCY REPORT			
<p>AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRD 20-1, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL--AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.</p>			
GENERAL			
NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
FLORES	Daniel		460-48-6230
1. MARITAL STATUS (check one)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED			<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE			DATE OF MARRIAGE
Lima, Peru			18 November 1960
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
MIAMI			
2. MEMBERS OF FAMILY			
NAME OF SPOUSE		ADDRESS (No., Street, City, State, Zip Code)	
Dorothy A. Flores		The American Embassy, Lima, Peru	
NAME OF CHILDREN		ADDRESS	SEX DATE OF BIRTH
Kendra Flores		(Same as above.)	F 3 March 1971
NAME OF FATHER (or male guardian)		ADDRESS	TELEPHONE NO.
Jose S. Flores		Box 39, Gonzales, Texas 78629	512-672-6061
NAME OF MOTHER, INCLUDING MOTHER NAME (or female guardian)		ADDRESS	TELEPHONE NO.
Agustina Flores (Deceased)			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUESTED IN AN EMERGENCY.			
Mr. Lonnie G. Bruce			
3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.			
NAME	DATE OF BIRTH	RELATIONSHIP	
4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss)		RELATIONSHIP	
(Last-First-Middle)			
Mr. Lonnie G. Bruce		Brother-in-law	
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		HOME TELEPHONE NUMBER	
973 E. Walnut St., Seguin, Texas 78155		512-379-7620	
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)			YES X NO
IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)			YES NO X
Dorothy A. Flores The American Embassy Lima, Peru			YES X
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)			YES X NO
The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			

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(When Filled In)

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">The Riggs National Bank, Federal Office, 1750 Pennsylvania Avenue, N.W., Washington D.C.</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possesses the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY (No Approval Required)		
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
	<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>	<p>DATE</p>
<p>SIGNED AT <i>Headquarters</i></p>	<p>DATE <i>7 June 60</i></p>	<p>SIGNATURE <i>Clair D. Over</i></p>

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FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF EMPLOYEE (use pseudo only if SA)		DATE (from item S-1)	NAME OF SUPERVISOR (true)	DATE (from item S-2)
Daniel Flores			Robert Fambrini	
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:	DATE RECEIVED BY CAPTER SERVICE:	
30 October 1970		HEQT 1506	04 MAR 1971	
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. COVER FOR CURRENT COVER
4 August 1935		Operational Officer GS-10	Guayaquil	ENCUFF
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
13 May 1969	15 May 1971	1 June 1971	1 August 1971	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Spouse (Expecting child in March 1971)				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
NA				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
Case Officer responsibilities including running project targetted against subversive individuals and organizations; agent handling including penetration agents; responsibility for audio operations and related support agents; preparation of intelligence reports, dispatches and other reports related to Case Officer duties.				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
1. Soviet Operations Course. (If possible, I would like to co-ordinate this course with my home leave in the summer of 1971.)				
2. Language training. Preferably Portuguese because I would like to serve in Brazil sometime in the future.				

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:	
11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.	
I would like a position of increased responsibility, preferably as a Case Officer for Soviet Operations in Latin America. If this is possible I would like to take the Soviet Operations Course at Headquarters prior to my next assignment.	
11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.	
<input type="checkbox"/>	EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
<input type="checkbox"/>	BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE. 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
<input type="checkbox"/>	BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION 1ST CHOICE <u>Caracas, Venez</u> 2ND CHOICE <u>Mexico</u> 3RD CHOICE <u>Lima, Peru</u>
<input type="checkbox"/>	RETURN TO MY CURRENT STATION
TO BE COMPLETED BY FIELD STATION	
12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING. It is believed that this officer's performance at his present post of assignment has provided sufficient indication of his competence as a field case officer, and that he should have no problem filling a Soviet Operations Officer slot at a medium sized field installation. He should attend the Soviet Operations Course prior to such assignment.	
TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE	
13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING. WII Division has selected Mr. Flores for assignment to Lima in September 1971.	
DATE <u>1 Mar 71</u>	TITLE <u>C/WII/Peru</u> SIGNATURE <u>H. L. Burthold</u>
FOR USE BY CAREER SERVICE	
14. APPROVED ASSIGNMENT:	
15. EMPLOYEE NOTIFIED BY DISPATCH NO. <u>113900</u> DATED _____ TABLE NO. _____ DATED _____	
16. SUPERVISOR REPRESENTATIVE _____ DATE _____	

SECRET

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD										FILE PUNCHED BY <i>RT</i>																			
TO: Office of Personnel, Transactions and Records Branch, Status Section																													
SERIAL NO.			NAME																										
			LAST			FIRST			MIDDLE																				
<i>036135</i>			<i>Flores</i>			<i>Daniel</i>																							
INSTRUCTIONS																													
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.																													
PCS DATES OF SERVICE																													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY																		
MONTH	DAY	YEAR	MONTH	DAY	YEAR																								
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE 3/ 36 39		CODE 40-42																		
<i>05</i>	<i>13</i>	<i>69</i>							<i>1</i>		<i>Ecuador 175</i>																		
TDY DATES OF SERVICE																													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)																		
MONTH	DAY	YEAR	MONTH	DAY	YEAR																								
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION			CODE 37 38 39		CODE 40-42																		
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CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT																							
OTHER (Specify)																													
DOCUMENT IDENTIFICATION NO. <i>21457300</i>						DOCUMENT DATE/PERIOD <i>12 May 1967</i>																							
REMARKS																													
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PREPARED BY		REPORT SUBMITTED ON		ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED																									
<i>SS</i>		DATE		SIGNATURE																									
		<i>2/1/68</i>		<i>[Signature]</i>																									
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																													

SECRET

Not Approved by
CS Career Service

JAG pm

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)

SUBJECT : Recommendation for Promotion to Grade
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-09 to GS-10.

2. Mr. Flores joined the Agency in 1962; initially he was employed on a part-time basis in the MI Division while attending the American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the MI Division, he was selected for assignment as an operations officer at the Guayaquil Base where he arrived in May 1969. Mr. Flores is bi-lingual in Spanish.

3. Both as a Headquarters and field operations officer Mr. Flores has carried out his assignments with intelligence, enthusiasm and initiative. As the Guayaquil Base officer in charge of Communist penetration operations, his performance has been of high caliber. In August 1969, during the forced absence of the Chief of Base and other senior officers, Mr. Flores assumed the full responsibilities for running the base for a period of several weeks. He performed the duties of Acting Chief of Base in a superior manner. In addition to his operational competence, the Guayaquil Chief of Base has observed that Mr. Flores' ability to develop social relations with ease has been a distinct asset for the Base.

4. Mr. Flores has already proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level far higher than his current grade and a promotion at this time is strongly recommended.

William V. Broe
William V. Broe
Chief
Western Hemisphere Division

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(When filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.


Signature

DANIEL FLORES


Date

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Group 1 - Excluded from
automatic downgrading
and declassification.

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 Flores, Daniel 460-42-6250

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

Washington, D.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE

Washington, D.C.

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE

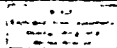
Lima, Peru 14 Dec 1960

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

CURRENT RESIDENCE AND DEPENDENCY REPORT



CONFIDENTIAL

(When Filled In)

VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p><i>Riggs National Bank : Daniel and Dorothy A Flores</i> <i>17th and Penn. Avenues, Washington, D.C.</i> <i>(1750 Penn Avenue)</i></p>		
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DO YOU HAVE A JOINT ACCOUNT?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p><i>At home. Will leave with responsible person for safe keeping.</i></p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p><i>N/A</i></p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p> <p><i>But may before I leave.</i></p>		
<p>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p> <p><i>My father should not be notified in case of an emergency because of his health and age.</i></p>		
SIGNED AT	DATE	SIGNATURE
	<i>7 April 1969</i>	<i>Daniel Flores</i>

CONFIDENTIAL

SECRET

Supplement to Staff Employee Personnel

Action for Integration of Daniel Flores

Effective 10 April 1969

The purpose of this memorandum is to set forth existing policies of concern to you while integrated and to reiterate certain rights and obligations which derive from your true status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-9 \$8744.00 per annum, you will accept cover employment with another instrumentality of the Government (hereinafter referred to as "your cover facility") effective as of 10 April 1969. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your appointment to your cover facility is being effected as a PBR-7 at a salary of \$8153.00 per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of two (2) years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable

14-00000

SECRET

regulations of your cover facility except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and allowances paid by your cover facility shall be retained by you to the extent that they do not exceed the salary and allowance payment due you on the basis of your grade level with this organization. If such cover payments are less than the amount due you, the difference will be paid to you by this organization. If such cover payments exceed the amount due you, the excess amounts will be remitted to this organization at intervals to be designated by the Office of Finance. Computations hereunder will be based on the aggregate gross amounts due and received. That portion of retirement contributions withheld by your cover facility which exceeds the retirement contributions applicable to your organization salary will be deducted from the gross amount of the overpayment. Upon integration, the payroll office of this organization will establish the date on which you would normally receive a regular step increase from your cover facility. Failure to report a grade promotion received from a cover facility does cause errors in processing regular step increases. Regular step increases, incorrectly processed in such manner, should be reported immediately to this organization. To eliminate this problem, any grade promotion received from a cover facility will be reported immediately by you to this organization's payroll office through channels showing both the old and the new rate and the effective date. All salary difference payments and adjustments will be reflected on earnings statements.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your cover facility and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your cover position.

a. Upon integrating into your cover facility you will continue to be covered by the particular retirement system in which you are a participant as an employee of this organization. Salary received from your cover facility and any salary differences payable by this organization will be subject to appropriate retirement contributions.

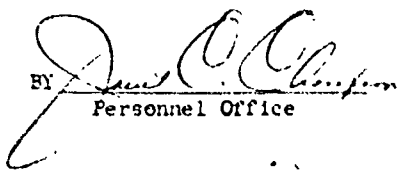
b. Appropriate Federal income tax withholdings shall be made from taxable income received from both your cover facility and this organization. Additionally, while serving in the United States, withholdings shall also be made for District of Columbia or State income tax, when applicable. You may claim reimbursement for excess income taxes paid on overt tax returns by reason of taxable income from your cover facility exceeding the taxable income due you as an employee of this organization.

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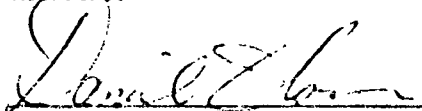
c. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon termination of your integration, your unused annual leave, sick leave, and home leave will be transferred to your credit with this organization and your leave record will be reconstructed as of the beginning of the leave year in which you return to this organization, as explained in the Handbook on Leave for Special Situations. Serving in an integrated capacity does not permit the carryover from one leave year to another of an annual leave balance which exceeds the ceilings authorized by regulations of this organization and the Federal leave law. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, upon your "resignation" you will be required to pay the gross amount thereof to this organization, including any income taxes withheld by your cover facility in order to receive credit for such annual leave.

6. You will be required to keep forever secret this agreement and all information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the espionage laws, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY 
Personnel Office

ACCEPTED:



SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) 036730 (first) Flores (middle) Daniel DATE OF BIRTH (month, day, year) 4 August 1935 SOCIAL SECURITY NUMBER 460 48 6230
EMPLOYING DEPARTMENT OR AGENCY _____ LOCATION (City, State, ZIP Code) _____

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE IF YOU MARKED BOX "A" OR "C".
COMPLETE THE "STATISTICAL STUD" THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE**

Signature (do not print)

Daniel Flores
Date *1 June 1966*

(Statistical Study - Return to Office of Personnel Records)

FOR EMPLOYING OFFICE USE ONLY

(Official stamping date stamp)

Keep this copy of this form in your office.

When you receive this form, please
fill in the date and time you received it.

S-E-C-R-E-T

- TRAINING REPORT -

Operational Interrogation Course No. 2-69
(Full time - three weeks) 4 - 22 November 1968

Student: Flores, Daniel

Office: WH

Grade : 08

EOD : Mar 62

Number of Students Enrolled: 9

Service Designation: D

COURSE OBJECTIVE

To teach the student to interrogate and to manage interrogation.

RATING

Class Performance : Satisfactory

Interrogation Aptitude: Average

GENERAL CLASS PERFORMANCE

Excellent: 3

Satisfactory: 6

Unsatisfactory: 0

GENERAL CLASS APTITUDE FOR INTERROGATION

High: 2


Average: 6

Low: 1

FOR THE DIRECTOR OF TRAINING:

27 DEC 1968

Date


Ezekiel B. Ramirez
Chief Instructor

S-E-C-R-E-T

C-E-C-R-E-T

TRAINING REPORT OPERATIONS COURSE (FULL TIME)	Course No.		No. of Students		Dates of Course	
	OC-1-3/4-68		Began	Finished	27 May - 16 August 1968	
STUDENT IDENTIFYING INFORMATION						
NAME OF STUDENT	YOB	BOB DATE	OFFICE	GS	SL	
FLORES, Daniel	1934	March 1967	CTP	GS	SL	
PERFORMANCE EVALUATION						

- W - Weak Ranges from inadequate to less than satisfactory (in terms of a new and inexperienced case officer).
- A - Adequate Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.
- P - Proficient More than satisfactory. Has acquired a solid beginner's proficiency. This rating may be interpreted as representing "average" on our rating scale.
- S - Strong Exceptional proficiency, characterized by thoroughness, initiative, originality, and an exceptional student understanding of the case officer role in clandestine operations.
- O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of other students doing similar work as to warrant special recognition.

COURSE OBJECTIVE

This course is designed to prepare selected staff officers from the Career Trainee Program for field operations officer work with the Clandestine Services. The student's understanding of the Clandestine Services doctrine, policies and operational concepts and his ability to apply these related items is measured by a series of practical exercises. Successful completion of the Operations Familiarization Course (OFC) is a prerequisite for admission to the Operations Course.

RATING LETTER

TRADECRRAFT	P
INTELLIGENCE AND OPERATIONAL INFORMATION REPORTING	P
CLANDESTINE SERVICES OPERATIONAL PROGRAMS	P

The trainee also received basic instruction and practical work in photography, including the use of a 35mm camera and in darkroom procedures; in audio-surveillance, and in the use of S/W and agent radio communications systems. In addition, he was given general familiarization on such subjects as surreptitious entry, documentation and authentication, observation and sketching.

This rating corresponds to the statement which most accurately reflects the student's level of performance and takes into account everything about him which influenced his effectiveness. This rating is a reflection of the degree to which the instructors feel that the student is both suitable and competent for overseas service in the Clandestine Services.

OVERALL PERFORMANCE
P

Overall performance ratings of all students in this class:

WEAK 0 ADEQUATE 0 PROFICIENT 40 STRONG 40 OUTSTANDING 2

C-E-C-R-E-T

S-E-C-R-E-T

NARRATIVE COMMENTS

Significant strengths and weaknesses and their relationship to overall performance in the Operations Course. This section amplifies and explains, as necessary, the rating letters given above.

Mr. Flores' overall performance in this course was at the high proficient level. He is a very friendly and personable individual who put forth a good deal of effort to do well in the course. Mr. Flores takes a very practical approach to solving problems and his attitude throughout the course was excellent.

Mr. Flores acquired a good understanding of the principles and techniques of Clandestine Services operations, and in problems requiring face-to-face encounters with simulated agents in the live exercises he came through as a very friendly and personable individual. He was particularly effective in debriefing situations and demonstrated flexibility in meeting the problems that arose during the simulated agent meetings.

Mr. Flores demonstrated a good understanding of Clandestine Services programs in Foreign Intelligence, Counterintelligence and Covert Action. His performance was graded strong in handling of a simulated walk-in defector, and in a Counterintelligence case study and a Covert Action case study his understanding and analyses were judged highly proficient. He received a rating of adequate in photography.

Mr. Flores has good writing skills and acquired a thorough understanding of intelligence and operational reporting procedures and formats of the Clandestine Services. His intelligence reports were consistently complete, accurate and clear. His operational reports suffered occasionally from weak organization, and on one occasion he had difficulty distinguishing operational from intelligence information; but his reports were generally complete and accurate and showed a sound understanding of operational reporting requirements.

Mr. Flores is a personable and intelligent individual who got along very well with his colleagues and with the instructors. With his excellent attitude and strong desire for a career in the Clandestine Services together with his willingness to work hard, Mr. Flores should have little difficulty in developing into an effective case officer as he gets greater experience.

FOR THE DIRECTOR OF TRAINING:


Arthur P. Felt
Chief Instructor

23 August 1968
Date

S-E-C-R-E-T

3-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68
(416 hours, full-time)

4 March - 3 May 1968
(Date)

Student	:	FLORES, Daniel	Office	:	CTP/OTR
Year of Birth:		1935	Service Designation:		BJ
Grade	:	GS-07	No. of Students:		<u>60</u> Began; <u>60</u> Finished
EOD	:	March 1962			

COURSE OBJECTIVES:

The course is designed to prepare junior clandestine services officers for duties related to the conduct of Special Operations. Upon completion of training, the officer will be capable of developing and implementing actions which will contribute to the elimination of subversive insurgency in the underdeveloped area of the world in furtherance of U.S. policy. He shall also be capable of developing plans for the conduct of Special Operations in support of United States military operations in wartime; and will be able to plan for the use of special ground, air, and maritime operations in direct support of other intelligence activities.

ACHIEVEMENT RECORD:

The performance rating and narrative comments below are derived from a synthesis of all observations and evaluations submitted on each trainee by the instructor staff. Student rating is indicated by the asterisk.

INCOMPLETE 0 ADEQUATE 0 PROFICIENT * 48 STRONG 12

NARRATIVE COMMENTS:

Mr. Flores is a self-sufficient, steady worker, who demonstrated an excellent ability to adapt himself to the various training situations. His proficient performance during Operations Course, Phase II-3-68 did not fluctuate appreciably from beginning to end.

Mr. Flores was always mentally alert, receptive to instruction and responsive to instructional exercises. He cheerfully accepted all responsibilities, consistently produced satisfactory results, and appeared to demonstrate a sense of pride in his accomplishments. His conscientious effort, sincerity, and cooperative attitude enabled him to develop a sound working relationship with his colleagues.

Continued on Page 2

S-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68
(416 hours, full-time)

4 March - 3 May 1968

Student : FLORES, Daniel

Office : CTP/OTR

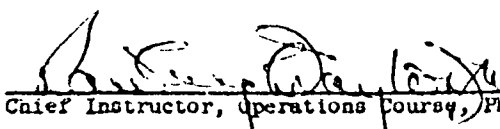
Service Designation: SJ

NARRATIVE COMMENTS (Continued)

Of noteworthy mention was Mr. Flores' pleasant, industrious performance throughout the Jungle Environmental Training in Panama. He established a cheerful environment for his colleagues and completed assigned responsibilities with enthusiasm, determination and cooperation. His sustained high-level performance and ability to adapt to the terrain earned him the respect and appreciation of his classmates.

The degree of performance attained in the course indicates Mr. Flores has gained a sound familiarization of the Special Operations activities, responsibilities, skills, and concepts.

FOR THE DIRECTOR OF TRAINING:


Chief Instructor, Operations Course, Phase II

S-E-C-R-E-T

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S E C R E T

TRAINING REPORT

NAME OF TRAINEE: Flores, Daniel		COURSE: CS RECORDS I & CS RECORDS II (Biographic Research)
DOB: 1935	SD: SJ	DATE : 9 - 16 May 1968
OFFICE: CTP	GS: 07	HOURS : 30 - part time

OBJECTIVES

1. To provide briefing in the CS requirement for biographic research, the importance of this research in the investigative process, and in the importance of the role of the biographic researcher.
2. To provide instruction in the nature, content and means of access to repositories of biographic information in the CS and other elements of the Agency and the community.
3. To introduce the concept of research and investigation and the processes involved therein, and to provide practical work in research as done at headquarters.
4. To alert the students to the nature of analysis in producing finished reports of biographic research.
5. To provide practice in writing the report of biographic research.

METHOD OF INSTRUCTION

The course is presented by means of lecture, discussion and demonstration. More than fifty percent of the class time is devoted to an exercise in biographic research, an exercise in analysis of the materials recovered, and preparation of a report of the research.

ADJECTIVAL RATINGS USED IN THE TRAINING REPORT

- | | |
|----------------|--|
| EXCELLENT | Student demonstrated unusual competence in achieving the course objectives. His understanding of the course content was unusually thorough and perceptive. Where skills were taught, he demonstrated particular facility in their use. |
| ✓ SATISFACTORY | Student's achievement of the course objectives was competent. He demonstrated good understanding of the course content. Where skills were taught, he demonstrated basic facility in their use. |
| UNSATISFACTORY | Student did not demonstrate adequate competence. Although he may have made some progress, he fell short of the minimum standards for achievement of the course objectives. |

S E C R E T

S E C R E T

NARRATIVE RATING OF ACHIEVEMENT:

Mr. Flores showed considerable ability and experience in his handling of the practical problem. He should have no trouble in doing work of this kind with a minimum of supervision.

Overall adjectival rating of achievement:

Satisfactory ✓

Overall adjectival ratings of achievement of all employees in the course:

EXCELLENT: 2 SATISFACTORY: 14 UNSATISFACTORY:

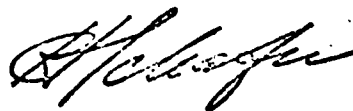
Attendance at this course does not provide the student with operational knowledge and background sufficient to qualify him as an independent researcher, capable of making operational judgments.

NOTE: CS Records I (Introduction to Records) is a prerequisite for this course.

FOR THE DIRECTOR OF TRAINING:

24 MAY 1968

Date



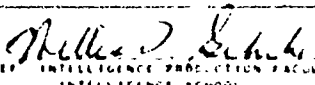
Charles H. Schafer
Chief Instructor

- 2 -

S E C R E T

SECRET

(When Filled In)

TRAINING REPORT INTELLIGENCE TECHNIQUES COURSE (120 Hours)		COURSE NO. 3-68	NO. STUDENTS 46	DATE OF COURSE 29 Jan - 13 Feb 1968	
IDENTIFYING INFORMATION					
NAME OF STUDENT	YOB	EOB DATE	OFFICE	CS	SD
FLORES, Daniel	35	Mar 1962	CTP	07	SJ
KEY TO RATINGS					
<p>W - Weak Ranges from inadequate to less than satisfactory.</p> <p>A - Adequate Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.</p> <p>P - Proficient More than satisfactory. Has acquired a solid beginner's proficiency.</p> <p>S - Strong Exceptional proficiency. Characterized by thoroughness, initiative, originality, and an exceptional student understanding of the work involved in intelligence production.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
EVALUATION OF PERFORMANCE IN SKILLS					
BRIEFING	RATING P	WRITING	RATING A+	ANALYSIS	RATING P
OVER-ALL PERFORMANCE EVALUATION					
<p>The RATING LETTER reflects the over-all performance of the student in the course and is thus a measure of the extent to which the student possesses the skills and techniques required in the production of finished intelligence. The rating is not necessarily arrived at by mathematically averaging in the skills ratings, but takes into consideration any outstanding strengths or weaknesses that should be reflected in an evaluation of the performance of the student as a whole. The RATING LETTER is a consensus of the view of the faculty.</p>					RATING P-
REPORT OF OBSERVATIONS, JUDGMENTS AND IMPRESSIONS					
<p>This is a general, unspecific, narrative report of observations, judgments, and impressions. It includes intangible factors such as the student's attitude, cooperativeness, attentiveness, maturity, and judgment. It also includes the general impression the student has made on the faculty. This report will not be included unless the instructors believe that it would add something to the previous evaluation of performance in skills as well as to the evaluation of the OVER-ALL PERFORMANCE of the student.</p>					
FOR THE DIRECTOR OF TRAINING:		 CHIEF INTELLIGENCE PRODUCTION FACULTY INTELLIGENCE SCHOOL		DATE	

S-E-C-R-E-T

PERFORMANCE RECORD

The Challenge of World-Wide Communism

CT Class 11-100-1-100-100Course Description

A. Statement of Objectives

1. The student should recognize the challenge confronting the United States and the free world posed by the objectives, activities, and capabilities of World-Wide Communism.
2. The student should achieve a knowledge of the doctrine, organization and tactics of free-world Communist parties; and, similarly, of the capabilities, the policies, and the problems of the USSR and the People's Republic of China.

B. Course Method

1. Approximately one-half of the course is devoted to lectures, one-fourth to seminars, exercises and demonstrations, and one-fourth to individual study.
2. Student achievement is judged on the basis of performance in one written examination and participation in seminars and exercises.

NAME Flower, DavidWritten WorkExamination By StudentOral WorkSeminars, Exercises By StudentComments:

GROUP I
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

TRAINING REPORT

OPERATIONS FAMILIARIZATION COURSE NO. 2-68
(192 hours, full-time)

2 Jan. - 26 Jan. 1968
(Date)

STUDENT : FLORES, Daniel

OFFICE : CIP

YEAR OF BIRTH: 1935

SERVICE DESIGNATION: GJ

GRADE : GS-07

NUMBER OF STUDENTS : 114 Began

END DATE : March 1962

114 Finished

COURSE OBJECTIVE AND CONTENT

The Operations Familiarization Course is a four-week course designed to provide the student with an understanding of the Clandestine Services programs, operational methods and reporting techniques. Special emphasis is given the basic elements of tradecraft, the fundamentals of operational and intelligence information reporting, and the Foreign Intelligence, Counterintelligence and Covert Action programs of the Clandestine Services. General orientation is also provided in special operations and staff communications.

METHODS

The instructional methods used included class discussions, lectures, films demonstrations, practical exercises and case studies. Practical exercises were conducted in operational and intelligence information reporting, surveillance, casing, handling of walk-in defectors and planning for, meeting and debriefing an agent. The operational programs of various Clandestine Services Divisions were discussed by representatives of the respective Headquarters components.

EVALUATION OF PERFORMANCE

The student's rating is based on understanding of the material presented as demonstrated by his participation in class discussions, the preparation of intelligence and operational reports, the application of operational principles in the practical exercises and the grade received on a comprehensive written examination given in the final week of the course which covered all areas of course content. Other factors considered in determining the final rating were the student's interest, attitude and preparation for assignments. The number of students receiving each adjectival rating on overall course performance is shown below. This student's rating is indicated by an asterisk. Explanatory narrative comments are included with a rating of ADEQUATE or STRONG. When considered pertinent by the training staff, comments may also be included with a PROFICIENT (average) rating.

<u>UNSATISFACTORY</u>	<u>ADEQUATE</u>	<u>* PROFICIENT</u>	<u>STRONG</u>
1	1	87	25

✓ Mr. Flores' overall performance in the course was at the solid proficient level. It should be noted that he demonstrated a particularly good attitude throughout the course. He took full advantage of the training offered to increase his knowledge of the Clandestine Services.

FOR THE DIRECTOR OF TRAINING

[Signature]
ACTING DIRECTOR
J. S. C. S. - 1

9 Feb. 1968
JTS

S-E-C-R-E-T

ORIENTATION TO INTELLIGENCE FOR CT'S
(Class of December 1967)

STUDENT	:	Daniel FLORES	Duration:	11-22 December 1967
			(30 hours, full time)	
YEAR OF BIRTH:	1935	OFFICE	:	CT
GRADE	:	GS-07	SERVICE DESIGNATION:	SJ
EOD	:	March 1962	NUMBER OF STUDENTS	: 88

COURSE OBJECTIVES - CONTENT AND METHODS

In the Orientation to Intelligence Course the objectives are: (1) to instruct the student in the basic concepts and terminology of intelligence; (2) to describe the history of U.S. intelligence and the current role of intelligence in the national security structure; (3) to outline the composition and mission of the intelligence community, noting the Agency's significant role therein; (4) to define the mission of CIA in supporting the DCI and to identify the functions of the Agency's major components, particularly in the collection, production, and dissemination of intelligence; and (5) to identify and discuss major problems facing the Agency. The area surveys and "Articulating the United States" elements of the course are designed to introduce the students briefly to some of the intelligence problems presented by major regions of the free world and to stimulate thought about the American way of life and its relationship to these areas.

Instructional techniques include lectures given by members of the Orientation and Briefing Faculty, guest speakers from Agency components, seminars, directed reading, review exercises, training films, and intelligence exhibits.

ACHIEVEMENT RECORD

The individual student evaluation is based on his score achieved on a written examination given at the conclusion of the course. This test, consisting of 100 items, covered all major aspects of the course content. The rating assigned to this student is:

PROFICIENT

The evaluation system used was as follows:

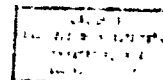
O = Outstanding	-	0-3 wrong
S = Strong	-	4-8 wrong
P = Proficient	-	9-15 wrong
A = Adequate	-	16-25 wrong
W = Weak	-	26- wrong

FOR THE DIRECTOR OF TRAINING:

Lawrence C. Baag, Jr.
Chief, Orientation & Briefing Faculty

8 January 1968
Date

S-E-C-R-E-T



CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

THROUGH : Executive Secretary
CSCT Selection Board

SUBJECT : Application for Career Training Program

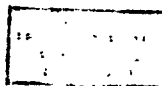
1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.

Robert B. Freeman
ROBERT B. FREEMAN
Chief, CTP

CONFIDENTIAL



SECRET

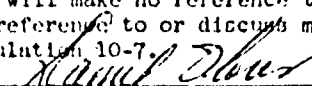

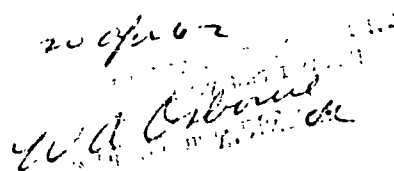
(When Filled In)

MILITARY STATUS QUESTIONNAIRE (READ INSTRUCTIONS ON REVERSE SIDE)		DO NOT WRITE IN SPACES BELOW	
1. THIS DATE (Month-day-year) MARCH 13, 1962		1-6. SERIAL NUMBER 006100	
2. NAME (Last-first-middle) FACKES, DANIEL (VI)		7-24. NAME	
3. DATE OF BIRTH (Month-year) August 1935		25-28. DDD 1835	
4. SEX <input checked="" type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE		29. SEX 1	
5. OFFICE TO WHICH ASSIGNED DDF/OPSER/RT		30-31. OFFICE CODE 39	
6. SCHEDULE AND GRADE GS-04		32-34. SCHD 35-39 GR. C-5 C-4	
7. SUBJECT TO CURRENT DRAFT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		37. DRAFT STATUS 2	
8. INDICATE DRAFT CLASSIFICATION, IF ANY		38-39. CLASS.	
VETERANS COMPLETE THE FOLLOWING			
9. BRANCH OF SERVICE ON SEPARATION (Check one)		10. MIL. GRADE ON SEPARATION	
<input type="checkbox"/> (1) ARMY <input checked="" type="checkbox"/> (2) MARINE <input type="checkbox"/> (3) COAST GUARD <input type="checkbox"/> (4) NAVY <input type="checkbox"/> (5) AIR FORCE		60. BRANCH SERVICE 3 61-62. MIL. GRADE E 4	
11. STATUS AT TIME OF SEPARATION (Check one)		43. STATUS AT SEPARATION	
<input checked="" type="checkbox"/> (1) REGULAR <input type="checkbox"/> (2) RESERVE <input type="checkbox"/> (3) DRAFTER <input type="checkbox"/> (4) OTHER (Specify by comment)		1	
12. TYPE OF SEPARATION (Check one)		44. TYPE OF SEPARATION (A-less than 8 yrs; B-8 yrs or more)	
PLEASE NOTE ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION.		1 A 2 A 3 A 7 A 1 B 2 B 3 B 7 B 2 A 4 A 6 A 8 A 2 B 4 B 6 B 8 B	
<input type="checkbox"/> (1) RELEASED TO INACTIVE DUTY <input type="checkbox"/> (5) RETIRED-AGE <input checked="" type="checkbox"/> (2) HONORABLE DISCHARGE <input type="checkbox"/> (6) RETIRED-SERVICE CONNECTED DISABILITY <input type="checkbox"/> (3) RETIRED-20 (or more) YRS. SERVICE <input type="checkbox"/> (7) RETIRED-COMBAT DISABILITY <input type="checkbox"/> (4) RETIRED-LESS THAN 20 YRS. SERVICE <input type="checkbox"/> (8) OTHER-SPECIFY UNDER COMMENTS			
MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING			
13. RESERVE BRANCH OR SERVICE		14. ORIGINAL ENTRY DATE IN ARMED SERVICES	
15. SERVICE SERIAL NO.		16. MOS, AFSC, DESIGNATOR, OR RATING	
17. MIL. GRADE		18. RESERVE CATEGORY (Check one)	
		<input type="checkbox"/> (1) READY <input type="checkbox"/> (2) STANDBY <input type="checkbox"/> (3) RETIRED	
19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)		59-60. SERV. SER. NO.	
20. MIL. MOBILIZATION ASSIGNMENT		60-64. MOS, AFSC, ETC.	
21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED		65-66. MIL. GRADE	
		67. CATEGORY	
		68-71. EXPIRATION DATE	
		72. MOBILIZATION ASSIGNMENT	
		73. ASSIGNMENT UNIT	
		74. MOBILIZATION CATEGORY	
22. COMMENTS			

CIA INTERNAL USE ONLY
(Classify When Filled In)

OUTSIDE ACTIVITY APPROVAL REQUEST

SEE HR 10-7 BEFORE SUBMITTING TO FOR AN ORIGINAL AND 2 COPIES OF THIS FORM

TO :	DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH			DATE	16 April 1962
THROUGH:	(Operating official, administrative and/or security officer)				
JOHN A. MAYO, Jr. Security Officer, RID					
FROM :	NAME AND GRADE OF EMPLOYEE (Print or type)	COMPONENT	ROOM NO. AND BLDG.	PHONE	
	FLORES, Daniel GS-04	DDP/OPSER/RID/RB/IN	A B 4003	6187	
1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:					
Bartender					
2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED					
Bartenders Union Local 014 75 Mr. Patrick Duffy					
3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY					
On call different days of the week. 914 F Street, N. W. Washington, D. C.					
4. REMARKS					
In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7.					
 SIGNATURE OF REQUESTING EMPLOYEE					
5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE					
(signed) John M. Wiggleworth JOHN M. WIGGLEWORTH Chief, RID/ADMIN					
FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE					
 					

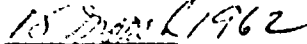
Standard Form No. 1000 CHAPTER I, § 1 PM G. 640-1000		HEALTH BENEFITS REGISTRATION FORM <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> (Print in ink on one side of this form. Use only space for or for by.)			4536490
PART A ALL WHO REGISTER MUST FILL IN THIS PART	1. NAME (Last, First, Middle Initial) FLONE, D. I.	2. DATE OF BIRTH 7-5	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	4. YOUR MARITAL ADDRESS (INSURED AND STREET) (CITY AND ZONE NUMBER) (STATE) 1187 1st St. N.W.	5. Are you covered by, or is any family member covered by, or enrolled in a plan under the Federal Employees Health Benefits Act of 1959 (through the service of any other United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	6. Since on 7-5 in proper box to show your annual basic salary range: UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,000 <input checked="" type="checkbox"/> \$5,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$6,999 <input type="checkbox"/> \$7,000 TO \$7,999 <input type="checkbox"/> \$8,000 TO \$8,999 <input type="checkbox"/> \$9,000 TO \$9,999 <input type="checkbox"/> \$10,000 TO \$10,999 <input type="checkbox"/> \$11,000 TO \$11,999 <input type="checkbox"/> \$12,000 TO \$12,999 <input type="checkbox"/> \$13,000 TO \$13,999 <input type="checkbox"/> \$14,000 TO \$14,999 <input type="checkbox"/> \$15,000 TO \$15,999 <input type="checkbox"/> \$16,000 TO \$16,999 <input type="checkbox"/> \$17,000 TO \$17,999 <input type="checkbox"/> \$18,000 TO \$18,999 <input type="checkbox"/> \$19,000 TO \$19,999 <input type="checkbox"/> \$20,000 TO \$20,999 <input type="checkbox"/> \$21,000 TO \$21,999 <input type="checkbox"/> \$22,000 TO \$22,999 <input type="checkbox"/> \$23,000 TO \$23,999 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\$524,99				

CONFIDENTIAL,
(when filled in)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents
of Handbook 20-4, Employee Conduct, dated 29 August 1961.


Signature


Date

CONFIDENTIAL

APPOINTMENT AFFIDAVITS

IMPORTANT: Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, FLORES, DANIEL, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 March 1962

(Date of entrance on duty)

Daniel Flores
(Signature of appointee)

Subscribed and sworn before me this 12th day of March A. D. 19 62,
at Washington, D. C.
(City) (State)

[SEAL]

Charles L. Davis
(Signature of official)
Appointment Clerk
(Title)

NOTE: The oath of office must be administered by a person specified in 5 U. S. C. 18 or by a person designated to administer oaths under Section 206, Act of June 18, 1949, 2 U. S. C. 10a. If he is a Native Father, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. 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 dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)
 2228 Connecticut Ave. N.W. #203. WASHINGTON 8, D.C.

2. (A) DATE OF BIRTH
 August 11, 1905

(B) PLACE OF BIRTH (city and State or city and foreign country)
 SAN MARCOS, TEXAS

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY
 MRS. DORRIS TUCKER

(B) RELATIONSHIP
 WIFE

(C) STREET AND NUMBER, CITY AND STATE
 2228 Connecticut Ave., N.W. WASH., D.C.

(D) TELEPHONE NO.
 265-5522

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	PAST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED (Check one)	SIN- GLE
		1.			
		2.			
		3.			
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		9.			
		10.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA OR (B) AS A NATIVE OR NATURALIZED CITIZEN DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X
9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		X
If your answer is "Yes," give details in Item 12.			11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:		X
10. (A) HAVE YOU RECEIVED OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X	(1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
If your answer is "Yes," give details in Item 12.			(2) YOUR WORK WAS NOT SATISFACTORY?		X
11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN DISCHARGED OR FIELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AGENCIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OR LOSS WAS INCURRED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.		X	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:		X
If your answer is "Yes," give in Item 12 for each case, (1) approximate date, (2) charge, (3) place, (4) action taken.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
12. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM FURTHER EMPLOYMENT OR RECEIVING FURTHER APPOINTMENT?		X	(2) YOUR WORK WAS NOT SATISFACTORY?		X
If your answer is "Yes," give dates of and reasons for such barment in Item 12.			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		X
13. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		X	If your answer to A, B or C is "Yes," give details in Item 12 as far as you can remember, including the name and address of employer, approximate date, and reasons in each case.		X

14. SPACE FOR (A) ADDITIONAL ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ANSWER	ITEM NO.	ANSWER
15.		16.	
17.		18.	
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99.		100.	

INSTRUCTIONS TO APPOINTING OFFICER: You must determine that the appointment award is in conformance with the Civil Service Act, applicable Executive Orders, Rules and Regulations, and any of the laws pertaining to appointments. This form should be attached to the finding of fitness, previous to any record of record of discharge or arrest, post-employment, and other data of fitness. Also, to establish the identity of the appointee, you should postmark the form (1) by signature and handwriting against the application and on other pertinent papers and (2) by the appointing officer against the medical certificate.

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)

2. DATE OF BIRTH

FLORES, DANIEL

August 4, 1935

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

9. RETENTION GROUP

10. A. CIVIL STATUS ☐ YES ☐ NO
B. TYPE OF PRESENT APPOINTMENT

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	

11. SERVICE

YEAR	MONTH	DAY

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"

BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
UNITED STATES MARINE CORPS	1957	JULY	25	1961	JULY	25	HONORABLE

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☐ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mes Mar)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?

☐ YES ☐ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU

A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO

C. THE UNREMARKED SPOUSE OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

12 March 1962
(DATE)

Daniel Flores
(SIGNATURE)

Subscribed and sworn to before me on this 12th day of Mar 1962 at Washington, D. C.
(LOCATION) (DATE) (STATE)

SEAL

Shirley L. Smith
(SIGNATURE)

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

INSTRUCTIONS: Fill this form on the personnel side of the employee's official personnel folder immediately before or after the personnel action involved.

CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)	(Middle)	SOCIAL SECURITY NUMBER
FLORES		DANIEL	CR	162-25-6230
1. RESIDENCE DATA				
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
2328 Connecticut Ave. NW, WASH. 8, DC				
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE		HOME LEAVE RESIDENCE		
2328 Connecticut Ave. NW, WASH. 8, DC				
2. MARITAL STATUS (Check one)				
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED				
IF MARRIED, PLACE OF MARRIAGE				DATE OF MARRIAGE
LIMA, PERU, SOUTH AMERICA				11/14/1961
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)				
3. MEMBERS OF FAMILY				
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)		TELEPHONE NO.
HONORARY A. FLORES		2328 Connecticut Ave. NW		265-8322
NAMES OF CHILDREN		ADDRESS		SEX DATE OF BIRTH
NAME OF FATHER (Or male guardian)		ADDRESS		TELEPHONE NO.
JOSE J. FLORES		501 S. QUINN ST. S.W. WASH. 8, DC		
NAME OF MOTHER (Or female guardian)		ADDRESS		TELEPHONE NO.
ANTHONY R. FLORES		501 S. QUINN ST. S.W. WASH. 8, DC		
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.				
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP		
FLORES, DANIEL ARNET		WIFE		
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER		
2328 Connecticut Ave. NW, WASH. 8, D.C.		265-5372		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION		
1000 16TH ST. N.W., WASHINGTON 6, DC		RF 7-5444		
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)				YES NO
				YES NO
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)				YES NO
				YES NO
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)				YES NO
				YES NO
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.				
CONFIDENTIAL - BEYOND THIS				
CURRENT RESIDENCE AND DEPENDENCY REPORT				

CONFIDENTIAL

(When Filled In)

A.

VOLUNTARY ENTRIES

Experience in the handling of ~~emergency~~ emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

UNION TRUST CO., WASH., D.C. - DANIEL OR VIRGINIA A. FLORES
BANK OF CALIFORNIA, PORTLAND ORE, DANIEL OR VIRGINIA A. FLORES

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
☐ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

B.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

Washington DC

DATE

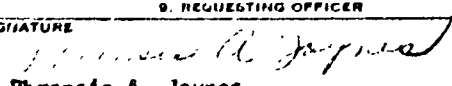
March 12, 1962

SIGNATURE

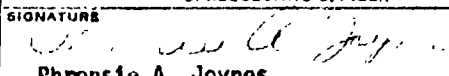
Daniel A. Flores

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 July 1976	
2. NAME (Last, First, Middle) Flores, Daniel DOB: 4 August 1935		3. POSITION TITLE Instructor	
5. OFFICE DIVISION BRANCH OTR/FTD/OTB		4. GRADE GS-12	
		6. EMPLOYEE'S EXT. 5191	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  Phronie A. Joyner ROOM NO. & BUILDING 6067 Hqs	
		EXT. 5191	
10. COMMENTS <p align="center">Destination: World-Wide</p>			
11. REPORT OF EVALUATION			
Qualified for TDY Standby until 1 August 1978.			
DATE 31 August 1976		SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, ONS/PEO	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION			1. DATE OF REQUEST
			18 June 1976
2. NAME (Last, First, Middle) Flores, Daniel		3. POSITION TITLE Instructor	4. GRADE GS-13
5. OFFICE DIVISION BRANCH OTR/FTD/OTB		6. EMPLOYEE'S EXT. 5191	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  Phronie A. Joynes ROOM NO. & BUILDING GD57 Hqs.	
		EXT. 5191	
10. COMMENTS			
11. REPORT OF EVALUATION			
Qualified for TDY Standby until 1 August 1978.			
DATE 31 August 1976		SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, OMS/PEO	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		10 Mar 75	
2. NAME (Last, First, Middle)		3. POSITION TITLE	4. GRADE
Flores, Daniel (NMN) 4-35		Ops Officer	GS-12
5. OFFICE DIVISION BRANCH		6. EMPLOYEE'S EXT.	
DDO/LA/COG		7265	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATIONS (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="text-align: center;"> <i>Kathy Hill</i> Kathy Hill, LA/Trng </div> ROOM NO. & BUILDING 3D5317 Hqs	
		EXT. 7431	
10. COMMENTS			
11. REPORT OF EVALUATION			
Disposition deferred until subject fulfills medical requirements.			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	
1 April 1975		William T. Golder, OAS/Registrar	

SECRET

1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH 4 Aug 1935	3. GRADE GS-10
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WIL/Guayaquil (State)		5. PRESENT POSITION 0376	6. EMPLOYEE EXTENSION 7431
7. PROPOSED STATION Lima, Peru		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/0636/GS-13	
9. TYPE OF COVER AT NEW STATION State	10. ESTIMATED DATE OF DEPARTURE Sept 71	11. NO. OF DEPENDENTS TO ACCOMPANY two	
12. COMMENTS Vice: Donald J. Venuto Please schedule appointments week of 31 May 1971/ Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station. <i>Gregory W. Smith</i> <i>25 Feb 1971</i>			
13. DATE OF REQUEST 11 Mar 71	14. SIGNATURE OF REQUESTING OFFICIAL <i>Joan Wright</i>	15. ROOM NUMBER AND BUILDING 3D 5309 Hqs	16. EXTENSION 7431
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 15 JUN 1971 QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS <i>J. E. Lott</i> Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 11 Mar 71	
2. NAME (Last, First, Middle) Flores, Daniel (Dependents of)		3. POSITION TITLE Ops Officer	
4. GRADE GS-10		5. OFFICE DIVISION, BRANCH DDP/WH/Quayaquil	
6. EMPLOYEE'S EXT. 7431		7. PURPOSE OF EVALUATION	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin: 5px;"> ETD September 1971 STATION Lima, Peru TDY OR PCS PCS TYPE OF COVER State NO. OF DEPENDENTS TO ACCOMPANY Two NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One Mark must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE Joan Wright	
		ROOM NO. & BUILDING 3D 5300 Hqs	
		EXT. 7431	

10. COMMENTS	
Dorothy wife 31 Jan 1938 Kendra dau 3 Mar 1971 Please schedule appointments week of 31 May 1971.	
11. REPORT OF EVALUATION QUAYASILL FOR GS PCS	
SPERRY PRESTON	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 11 Mar 71															
2. NAME (Last, First, Middle) Flores, Daniel (Dependents of)		3. POSITION/TITLE Ops Officer	4. GRADE OS-10														
5. OFFICE DIVISION BRANCH DDP/WH/Guayaquil		6. EMPLOYEE'S EXT. 7431															
7. PURPOSE OF EVALUATION																	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETD</td></tr> <tr><td>September 1971</td></tr> <tr><td>STATION</td></tr> <tr><td>Lima, Peru</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>State</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>Two</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP. S</td></tr> </table>		ETD	September 1971	STATION	Lima, Peru	TDY OR PCS	PCS	TYPE OF COVER	State	NO. OF DEPENDENTS TO ACCOMPANY	Two	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED	ETA	STATION	NO. OF DEP. S
ETD																	
September 1971																	
STATION																	
Lima, Peru																	
TDY OR PCS																	
PCS																	
TYPE OF COVER																	
State																	
NO. OF DEPENDENTS TO ACCOMPANY																	
Two																	
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED																	
ETA																	
STATION																	
NO. OF DEP. S																	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER															
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE Joan Wright															
		ROOM NO. & BUILDING 3D 5300 Hqs	EXT. 7431														

10. COMMENTS		
Dorothy	wife	31 Jan 1938
Kendra	daug	3 Mar 1971
Please schedule appointments week of 31 May 1971.		
11. REPORT OF EVALUATION		16-87H
SPERRY PRESTON		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

1. Flores, Emilio (110) 807-53-0230		2. Family #003		3. CP-10	
4. OFFICE, DIVISION, BRANCH (OF OVERSEAS STATION AND DIS/WH/Consular) ... (state)		5. PRESENT POSITION 1076		6. EXTENSION 7431	
7. PROPOSED STATION Lima, Peru		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/0630/GS-13			
9. TYPE OF COVER AT NEW STATION State		10. ESTIMATED DATE OF Sept 71		11. NO. OF DEPENDENTS TO Accompany	
12. COMMENTS <p>Vico: Donald J. Venuto Please schedule appointments week of 31 May 1971/</p> <p>Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.</p> <p style="text-align: right;">7</p>					
13. DATE OF REQUEST 11 Mar 71		14. SIGNATURE OF REQUESTING OFFICIAL Joan Wright		15. ROOM NUMBER AND BUILDING 3D 5309	
				16. EXTENSION Ops 7431	
17. OFFICE OF QUALIFIED OVERSEAS POS <p>11 June 1971</p> <p>Joe W. Cline, OHS/pro</p>					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

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SECRET

(8)

SECRET

1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH 4 August 1935		3. GRADE GS-08	
4. OFFICE DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WH/4		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 6815	
7. PROPOSED STATION Guayaquil		8. PROPOSED POSITION (Title, Number, Grade) Ops Off 0376 GS-09			
9. TYPE OF COVER AT NEW STATION Department of State		10. ESTIMATED DATE OF DEPARTURE o/a 27 April 69		11. NO. OF DEPENDENTS TO ACCOMPANY 1	
12. COMMENTS <p>VICE KENNETH R. GOODMAN WILL INTEGRATE IN 14 APRIL 1969 FSI CLASS 89'B ATTACHED.</p> <p style="text-align: right;"><i>PPMacDougall</i> 10 MAR 1969</p>					
13. DATE OF REQUEST 6 March 1969		14. SIGNATURE OF REQUESTING OFFICIAL <i>PPMacDougall</i> PPMacDougall		15. ROOM NUMBER AND BUILDING 3D5309 Hqs.	
16. EXTENSION 6815					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <p>25 MAR 1969 QUALIFIED <i>726011</i> CHAIRMAN, COUNCIL</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST 6 March 1969
2. NAME (Last, First, Middle) Flores, Daniel (dependent)	3. POSITION TITLE Ops Officer	4. GRADE GS-08
5. OFFICE, DIVISION, BRANCH DDP/WII/4		6. EMPLOYEE'S EXT. 6815
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HOUSE TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PTD. o/a 27 April 1969 STATION Guayaquil TDY OR PCS PCS TYPE OF COVER Department of State NO. OF DEPENDENTS TO ACCOMPANY 1 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 54) ATTACHED 2 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> LTA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE PPMacDougall WII/Personnel <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. & BUILDING 3D5309 Hqs.</div> <div>EXT. 6815</div> </div>
10. COMMENTS Wife - Dorothy A. - 1/31/35		
11. REPORTING OFFICER QUALIFIED FOR PROPOSED OS PCS		
DATE 8 PERRY PRESTON	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

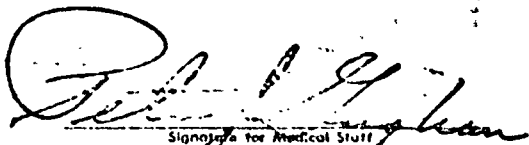
1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH 4 August 1935		3. GRADE GS-09	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WI/4		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 6815	
7. PROPOSED STATION Guayaquil		8. PROPOSED POSITION (Title, Number, Grade) Ops Off 0378 GS-09			
9. TYPE OF COVER AT NEW STATION Department of State		10. ESTIMATED DATE OF DEPARTURE o/a 27 April 69		11. NO. OF DEPENDENTS TO ACCOMPANY 1	
12. COMMENTS VICE KENNETH R. GOODMAN WILL INTEGRATE IN 14 APRIL 1969 FBI CLASS 89's ATTACHED.					
13. DATE OF REQUEST 6 March 1969		14. SIGNATURE OF REQUESTING OFFICIAL PPMacDougall		15. ROOM NUMBER AND BUILDING 3D3309 Hqs.	
16. EXTENSION 6815					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS. DONALD FARLEY 13 21 69					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 6 October 1961	
2. NAME (Last, First, Middle) FIDRUS, DANIEL		3. POSITION TITLE File Clerk	
5. OFFICE, DIVISION, BRANCH DDP/OPBR		4. GRADE GS-04	
		6. EMPLOYEE'S EXT. 	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY XXXXXXXXXXXXXXXXXX <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> EIA STATION NO. OF DEPS </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE Shirley Wells ROOM NO. & BUILDING BCI 1016 16th Street	
		EXT. 2701	

10. COMMENTS <div style="text-align: center;">10002 SECTION</div>	
11. REPORT OF EVALUATION <div style="text-align: center;">NOV 5 1961</div>	
DATE 12 NOV 61	SIGNATURE FOR CHIEF OF MEDICAL STAFF OFFICE OF MEDICAL STAFF

CONFIDENTIAL.
(When Filled In)

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 6 October 1961	
2. NAME (Last) PIORES,		(First) DANIEL (Middle)	
4. ORGANIZATIONAL ASSIGNMENT JDP/OPSER		3. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
5. POSITION, TITLE AND GRADE File Clerk GS-CL		6. MEDICAL STAFF REQUESTED TO CHECK DESIRED ACTION BELOW, RETURN ORIGINAL COPY TO OFFICE OF PERSONNEL.	
<input type="checkbox"/> Approve Processing for E. O. D. <input checked="" type="checkbox"/> Hold Pending Receipt of Additional Medical Information (Form Letters Attached)		<input checked="" type="checkbox"/> Request Pre-Employment Medical Examination <input type="checkbox"/> Rejected For Medical Reasons	
7. REMARKS 259 Forwarded as of 6 October 1961			
 Signature for Medical Staff			

SECRET
(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 447, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 58-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 036130	NAME (Last-First-Middle) Flores, Daniel	DATE OF BIRTH 08/04/35
--------------------------------	---	----------------------------------

SECTION II EDUCATION

HIGH SCHOOL	
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)
YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/STR. HRS. (Specify)
	MAJOR	MINOR				
1. <i>American University, Washington, DC</i>	<i>Political Science</i>		<i>1962-1967</i>	<i>B.A.</i>	<i>1967</i>	<i>120 hrs</i>
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY.				
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)				
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)			
5. OCCUPATION	6. PRESENT EMPLOYER			
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED	

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
<input type="checkbox"/> ADD				
<input type="checkbox"/> DELETE				
<input type="checkbox"/> ADD				
<input type="checkbox"/> DELETE				

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SECRET

SECRET
(When Filled In)

SECTION V: GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL									
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK IN					
				RECEIVED	TRAVEL	STUDY	WORK	ASSIGNMENT	OTHER
			JUL 30 - 5						
SECTION VI: TYPING AND STENOGRAPHIC SKILLS									
1. TYPING (PM) 2. SHORTHAND (PM) 3. INDICATE SHORTHAND SYSTEM USED--CHECK ALL APPROPRIATE ITEM									
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:									
SECTION VII: SPECIAL QUALIFICATIONS									
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED									
SECTION VIII: MILITARY SERVICE									
CURRENT DRAFT STATUS									
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO									
2. NEW CLASSIFICATION									
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS									
4. IF DEFERRED, GIVE REASON									
MILITARY RESERVE, NATIONAL GUARD STATUS									
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG									
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD									
1. CURRENT RANK, GRADE OR RATE									
2. DATE OF APPOINTMENT IN CURRENT RANK									
3. EXPIRATION DATE OF CURRENT OBLIGATION									
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (ACTIVE) <input type="checkbox"/> STANDBY (INACTIVE) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED									
5. MILITARY MOBILIZATION ASSIGNMENT									
6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED									
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)									
NAME AND ADDRESS OF SCHOOL									
STUDY OR SPECIALIZATION									
DATE COMPLETED									
RESIDENT									
ARMY-SPONSORED									
SECTION IX: PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS									
NAME AND CHAPTER									
ADDRESS (Number, Street, City, State, Country)									
DATE OF MEMBERSHIP									
FROM									
TO									
SECTION X: OTHER INFORMATION									
OTHER INFORMATION									

SECRET

Name: FLETER, Daniel

Date of Birth: 1935

Date & Place of Birth: 4-8-35, San Marco, Texas

Date of Graduation: 5-62

Non-degree

Wash. Sem.

THE AMERICAN COLLEGE
WASHINGTON, DISTRICT OF COLUMBIA

ADMISSION RECORD: Full Standing

PREVIOUS RECORD: San Marcos High School, Texas 5/55

TOOLS OF RESEARCH PASSED:

COMPREHENSIVE EXAMINATIONS PASSED:

CATALOG NUMBER	TITLE OF COURSE	SEM.	GRADE	CREDIT
NEW STUDENT NUMBER				
10306	INTRO ACCOUNTING I	3	C	3
37458	ADV SPANISH II	3	A	3
53511	MODERN POLIT THEORY	3	A	3
SUMMER 1966				
COLLEGE OF ARTS & SCIENCES				
29531	RUSSIA SINCE 1917	3	C	6
37550	ICHRN ADV SPAN II	3	B	6
47376	PROB RELIG THOUGHT	3	C	3
FALL 1966				
COLLEGE OF ARTS & SCIENCES				
33450	CONTEMP INT POLIT	3	B	6
33584	LATIN AMER SEM I	9	A	27
37550	GOLDEN AGE NOVEL	3	A	3
53548	GOV & POL LAT AMER	3	C	3
SPRING 1967				
COLLEGE OF ARTS & SCIENCES				
33440	INTERNATL LAW & ORGANIZA	3	B	6
33529	LAT AMER INTERNATL RELA	3	A	3
37354	MODERN SPANISH DRAMA	3	A	6
37551	SPANISH 19TH C NOVEL	3	B	6
53150	U S POLITICAL SYSTEM I	3	C	3

TITLE OF COURSE		SEM. HOURS	GRADE	QUALITY POINTS
FALL 62				
11100	INTRO ECONOMICS I	3	C	3
11100	ENGLISH COMP I	3	C	3
11100	BACKGROUNDS CIV I	3	D	
11100	INTRO WORLD POL	3	C	3
SPR 63				
11100	INTRO ECONOMICS II	3	D	
11100	AMERICAN GOVT NATL	3	D	
21101	ENGLISH COMP II	3	F	7-1-63
21101	BACKGROUNDS CIV II	3	C	3
FALL 1963				
31101	COMP & READING II	3	B	6
31102	ECON ANAL INCOME	A	F	3
SPRING 1964				
11101	INTRO PHILOSOPHY	3	C	3
11101	INTRO GOVT ST & LOG	3	F	3
SPRING 1965				
11101	SPAN BIOLOGY	3	C	3
11102	INTRO POL INT POWRS	3	B	6
11101	INTRO PHILOSOPHY	3	C	3
11100	STATE GOVERNMENT	3	B	6
SUMMER 1965				
11101	PHYS SCIENCES	3	B	3
11101	INT & NEW TESTAMENT (Course cancelled by Univ.)			
FALL 1965				
INTERNATL LAW 460-48-6230				
11101	INTRO LATIN AMER	3	A	3
11101	COMPARATIVE RELIGION	3	C	3
11101	GOVT & POL THEORY	3	C	3
11101	GOVT & POL THEORY	3	C	3
11101	GOVT & POL THEORY	3	D	
SPRING 1966				
COLLEGE OF ARTS & SCIENCES				
11101	INTRO POL 1966	3	A	3
11101	INTRO POL 1966	3	A	3

Admission: Spring 1966, Fall 1966.

JUL 12 1967

John E. Blum

SECRET

(When Filled In)

A-14

OFFICIAL USE ONLY - HAND ASSESSED

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last, First, Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE, GRADE, STEP
086130	FLORES DANIEL		08/04/35	GS--05-04
6. SO	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Agency, City)	
D	INTELLIGENCE CLERK	WM	WASH., D.C.	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	DATE TO	FROM	TO
AC OVERSEAS SERVICE			

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	SCHOOL	YEAR
AC COLLEGE DEGREE ON RECORD			

SECRET

 14-00000
 14-00000
 14-00000

07 MAY 1970

14-00000

SECRET

(When Filled In)

SECTION III						
EDUCATION (Cont'd)						
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Zip)		YEARS ATTENDED (From To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED (From To)	DEGREE RECEIVED	YEAR RECEIVED	HONORARY / G.D. (HONORARY)
	MAJOR	MINOR				
1 The American University Washington, D.C.	Pol.Sci.	Spanish Literature	1962 - 1967	A degree will be conferred in July 1967.		11th Sem. Hrs.
2						
3						
4						
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						
AGENCY SPONSORED EDUCATION						
Specify which, if any, of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						

SECRET

SECRET

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IN WHEN ASSIGNMENT
				FIELD OFFICE	TRAVEL	STUDY	
Bolivia	Economic, topographic, cultural and political.	Nov. 1959- Jan. 1960	American Univ. 1962-1967	X		X	
Peru	Topographic, cultural, and political.	Jan. 1960- Nov. 1960	American Univ. 1962-1967	X		X	
Latin America in general.	Economic, topographic, cultural, and political.		American Univ. 1962-1967			X	

SECTION V TYPING AND STENOGRAPHIC SKILLS		
1. TYPING (WPM) 45	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED. CHECK IN APPROPRIATE ITEM. <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER, SPECIFY
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (computer, mimeograph, card punch, etc.)		

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.	
2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS. Indicate CW speed, sending & receiving; OFFSET PRESS, TURRET LATHE, LDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PROT., ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number, if known)	5. FIRST LICENSE/CERTIFICATE year of issue 6. LATEST LICENSE/CERTIFICATE year of issue
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. do NOT submit copies unless requested. Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

SECRET

- 3 -

when filed in.

[illegible]

SECRET
- 7 -

SECRET
(When Filled In)

LANGUAGE DATA RECORD	
PART I-GENERAL	
1. NAME (Last-First-Middle) <i>ENCRES, RONNIE</i>	2. DATE OF BIRTH (2A-30) <i>Aug. 1, 1935</i>
3. LANGUAGE (31-33) <i>SPANISH 720</i>	4. TODAY'S DATE (34-37) MONTH <i>MARCH</i> DAY <i>12</i> YEAR <i>1962</i>
5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS	
SECTION A. Reading (40)	
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.	
<input checked="" type="radio"/> 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.	
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.	
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS; NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.	
5. I HAVE NO READING ABILITY IN THE LANGUAGE.	
SECTION B. Writing (41)	
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.	
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.	
<input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.	
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.	
5. I CANNOT WRITE IN THE LANGUAGE.	
SECTION C. Pronunciation (42)	
<input checked="" type="radio"/> 1. MY PRONUNCIATION IS NATIVE.	
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.	
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.	
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.	
5. I HAVE NO SKILL IN PRONUNCIATION.	
CONTINUE ON REVERSE SIDE	

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

March 13, 1962

SIGNATURE

Daniel S. Lee

(46)

(47)

DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE: 8 SEP 68, 1968	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully: illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)		2. AGE		3. SEX	
FLORES, Daniel		26		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5' 8"	165 lbs.	Brown	Black	Dark	Medium
10. SCARS (Time and Location) Right cheek, one-half inch scar; left upper lip, one-quarter inch scar; both received playing football					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
2828 Connecticut Avenue, N. W., #203 Washington 8, D. C.			2828 Connecticut Avenue, N. W. #203 - Washington 8, D.C.		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
264-8322		None		Washington, District of Columbia	
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED			
Dan		None			
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES					
Personal acquaintances - twelve years					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority)					
NA					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
Any phase of communications; administration; or personnel work.					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 4,200.00			Immediately		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER:					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):					
<input checked="" type="checkbox"/> OUTSIDE CONTINENTAL U.S.					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					
I would be willing to travel within the United States provided said travel would not involve a permanent move whereby my legal residence would be changed. However, it is my wish to live overseas on a permanent basis.					



SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED, WITHIN WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
Marine Security Guard School - Henderson Hall Hq. Marine Corps, Washington 25, D.C.	Security Guard Training	9/22/58	10/31/58	(5 wks)

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

Weapons Training in Marine Corps.
Acted as partisan during cold weather training at Bridgeport,
California (Pickle Meadows - JEMO).

SECTION V

FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency in Read, Write or Speak by placing a check (X) in the appropriate boxes.)	COMPETENCE - IN ORDER LISTED					HOW ACQUIRED			
	R-Read, W-Write, S-Speak					NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT WITH NATIVE SPEAKERS (or)	ACADEMIC STUDY (or)
	EXCELLENT	FLUENT	ADAPTABLE	ADAPTABLE	LIMITED				
	EXCELLENT	FLUENT	ADAPTABLE	ADAPTABLE	LIMITED				
	EXCELLENT	FLUENT	ADAPTABLE	ADAPTABLE	LIMITED				
	EXCELLENT	FLUENT	ADAPTABLE	ADAPTABLE	LIMITED				
	EXCELLENT	FLUENT	ADAPTABLE	ADAPTABLE	LIMITED				
Spanish	X	X	X					X	

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQ." INDICATE LENGTH AND INTENSIVENESS OF STUDY

NA

3. IF YOU HAVE CHECKED "FLUENT" FOR A LANGUAGE MARKED IN FLUENT DIFFERENCES IN SPEECH AND OR FORM FROM ENGLISH, PLEASE DESCRIBE THESE.

NA

4. DESCRIBE YOUR ABILITY TO INTERPRET, TRANSLATE OR ACT AS A LITERAL INTERPRETER IN ANY LANGUAGE, OTHER THAN THE ENGLISH, IN WHICH YOU ARE FLUENT.

Could act as literal interpreter at almost any level.

5. IF YOU HAVE CHECKED "EXCELLENT" OR "FLUENT" FOR A LANGUAGE MARKED IN FLUENT DIFFERENCES IN SPEECH AND OR FORM FROM ENGLISH, PLEASE DESCRIBE THESE.

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK
Bolivia	General knowledge	11/11/58 to 1/11/60		X			
Peru	General knowledge	1/11/60 to 11/30/60		X			
Chile		6/15/59 to 6/21/59			X		
Argentina		6/21/59 to 6/30/59			X		
Uruguay		6/30/59 to 7/2/59			X		
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Marine Security Guard - American Embassy - Bolivia and Peru Vacation - Chile; Argentina; Uruguay; Panama							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED							
No. 174850 (SP-35575) Passport has been cancelled.							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)		2. SHORTHAND (wpm)		3. SHORTHAND SYSTEM USED - CHECK AN APPROPRIATE ITEM			
45 wpm		None		SHELLS [] SPEEDWRITING [] SPENSTYRE [] OTHER (Specify) []			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).							
Thermofax, mimeograph, switchboard							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Football - good Basketball - fair Swimming - good Reading - average Contract Bridge - very good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.							
None to my knowledge							
3. INCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4 OF SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATIVE TO OTHERS. POINT AND MACHINES SUCH AS OPERATING OR STATISTICAL MACHINES (Index, Code, etc.), adding and subtracting, OFFICE PAPER, TURBINE LATHES, SCIENTIFIC AND PROFESSIONAL DEVICES.							
None							

SECTION VIII CONTINUED FROM PAGE 1	
<p>6. ARE YOU NOW OR HAVE YOU EVER BEEN QUALIFIED OR CERTIFIED AS MEMBER OF ANY OF THE FOLLOWING PROFESSIONS OR TRADES: ELECTRICIAN, RADIO OPERATOR, TEACHER, LABORER, OR MEDICAL TECHNICIAN, ETC.?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>7. HAVE YOU EVER ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE WHERE IT WAS ISSUED. (Provide License/Registry Number, if known.)</p> <p>NA</p>	
8. FIRST LICENSE OR CERTIFICATE (Year of issue)	9. LATEST LICENSE OR CERTIFICATE (Year of issue)
NA	NA
<p>10. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. (Name, address, telephone, city, state, title, publication date, and type of writing.) (Non-Fiction or Scientific articles, technical reports, articles, reports, books, etc.)</p> <p>None</p>	
<p>11. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED</p> <p>None</p>	
<p>12. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE</p> <p>Have spoken in my father's church and other churches approximately 150 times. Met and assisted public in Embassies during my tour of duty with the Marine Security Guard.</p>	
<p>13. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.</p> <p>None</p>	
SECTION IX EMPLOYMENT HISTORY	
<p>NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for last 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a date in employment, regardless of date. In completing item 1, "Description of Duties" consider your experience carefully and provide meaningful, concise statements.</p>	
1. INCLUSIVE DATES (From and To) By NA and 1	2. NAME OF EMPLOYER (Full name)
From 1949 to 1953	Hillburn's Drug Store
3. ADDRESS (No, street, city, state, country)	4. NAME OF SUPERVISOR
San Marcos, Texas	Mr. William Hillburn
5. KIND OF BUSINESS	6. SALARY OR PAY (Per month)
Drug Store	\$125.00 per month
7. TITLE OF JOB	8. CLASS GRADE (If Federal Service)
Fountain attendant	
9. DESCRIPTION OF DUTIES	
Employee at soda counter	
<p>10. REASONS FOR LEAVING</p> <p>To participate in school events (football).</p>	

SECTION II (CONTINUED FROM PAGE 1)	
1. INCLUSIVE DATES: From and To - By No. and St.	2. NAME OF EMPLOYING FIRM OR AGENCY
July 1955 - June 1956	Diamond Grocery Store
3. ADDRESS (No., Street, City, State, Country)	
South Guadalupe St., San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Grocery Store	Mr. Ignacio Gonzales
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Butcher	\$20.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Slaughtering and preparing meat for sale as well as actual selling.	
10. REASONS FOR LEAVING	
To attend college ?	
1. INCLUSIVE DATES: From and To - By No. and St.	2. NAME OF EMPLOYING FIRM OR AGENCY
May, 1955 - September, 1955	San Marcos Baptist Academy
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Private School	Mr. John Sparkman
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Painter's Assistant	\$15.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Painted dormitories in the Academy	
10. REASONS FOR LEAVING	
To attend school	
1. INCLUSIVE DATES: From and To - By No. and St.	2. NAME OF EMPLOYING FIRM OR AGENCY
September, 1955 - July, 1957	Economy Department Stores
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Clothing Store	Mr. Max Mendlovitz
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Sales Clerk	\$30.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Assisted customers in selecting and buying goods.	
10. REASONS FOR LEAVING	
To join the Marine Corps.	
1. INCLUSIVE DATES: From and To - By No. and St.	2. NAME OF EMPLOYING FIRM OR AGENCY
July 25, 1957 - July 25, 1961	United States Marine Corps
3. ADDRESS (No., Street, City, State, Country)	
Marine Corps Schools, Quantico, Virginia	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Military	Col. John Magruder
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Marine Corps Museum Attendant	\$100.00 PER MONTH Sp4 (E-4)

SECTION II (CONTINUED FROM PAGE 1)

SECTION II (CONTINUED FROM PAGE 1)			
<p>6. DESCRIPTION OF DUTIES</p> <p>Acted as guide to all visitors entering Museum, explaining Marine Corps history, etc. Also on several occasions acted as interpreter for visiting military personnel from Latin America.</p>			
<p>7. REASONS FOR LEAVING</p> <p>Discharged</p>			
<p>1. INCLUSIVE DATES (From and To, Month and Year)</p> <p>July 28, 1961 - August 30, 1961</p>		<p>2. NAME OF EMPLOYING AGENCY OR AGENCY</p> <p>Ohio Valley Engineering Company</p>	
<p>3. ADDRESS (No., Street, City, State, Country)</p> <p>3. Capitol and I Streets, S. W., Washington, D. C.</p>			
<p>4. KIND OF BUSINESS</p> <p>Construction</p>		<p>5. NAME OF SUPERVISOR</p> <p>Mr. L. G. Brown</p>	
<p>6. TITLE OF JOB</p> <p>Laborer</p>		<p>7. SALARY OR EARNINGS</p> <p>\$ 2.17 per hour</p>	<p>8. CLASS, GRADE (If Federal Service)</p>
<p>9. DESCRIPTION OF DUTIES</p> <p>Handyman for Company</p>			
<p>10. REASONS FOR LEAVING</p> <p>Temporary work while seeking permanent employment.</p>			
<p>1. INCLUSIVE DATES (From and To, Month and Year)</p>		<p>2. NAME OF EMPLOYING AGENCY OR AGENCY</p>	
<p>3. ADDRESS (No., Street, City, State, Country)</p>			
<p>4. KIND OF BUSINESS</p>		<p>5. NAME OF SUPERVISOR</p>	
<p>6. TITLE OF JOB</p>		<p>7. SALARY OR EARNINGS</p>	<p>8. CLASS, GRADE (If Federal Service)</p>
<p>9. DESCRIPTION OF DUTIES</p>			
<p>10. REASONS FOR LEAVING</p>			
<p>11. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF ANY</p> <p>7 1/2 years</p>			
<p>12. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS</p> <p>Honorably discharged from United States Marine Corps.</p>			

SECTION X		MILITARY SERVICE	
1. CURRENT DRAFT STATUS			
1. ARE YOU NOW DEFERRED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1964 (42 USC 101)?		2. SELECTIVE SERVICE CLASSIFICATION	
X YES		3. SELECTIVE SERVICE NO.	
4. IF DEFERRED, GIVE REASON		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS	
NA		655 - 111 1/2 S. SAN ANTONIO ST.,	
2. MILITARY SERVICE RECORDS			
3. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP			
CHECK (X) AS APPROPRIATE	ARMY	NAVY	AIR FORCE
HAVE SERVED		X	
NOW SERVING			
4. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)			
Personnel Administration			
5. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)		6. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past or Current service)	
25 July, 1961		12 MONTHS	
7. DATE ENTERED ACTIVE DUTY		8. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION	
26 July, 1957			
9. RANK, GRADE OR RATE		10. SERVICE SERIAL OR FILE NUMBER (If now serving, provide current number)	
Cpl. (E-4)			
11. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		12. CURRENT SERVICE	
Cpl. - Chief Clerk			
13. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		14. CURRENT SERVICE	
None			
15. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)			
Past Service: Clerk - Maintained personnel service records. 2 years as Security Guard in the American Embassies in La Paz, Bolivia and Lima, Peru.			
16. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY			
X HONORABLE DISCHARGE		UNIQUE HANDSHIPS	
X RELEASE TO INACTIVE DUTY		OTHER:	
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY	
17. CHECK (X) COMPONENT IN WHICH YOU SERVED			
X REGULAR		X RESERVE (Including the National and Air National Guard)	
18. CHECK (X) COMPONENT IN WHICH YOU SERVED			
OTHER (Including AC/S)			
19. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS			
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR AIR NATIONAL GUARD?	
X YES		YES	
NO		NO	
3. ARE YOU NOW A MEMBER OF THE ROTC?			
X YES			
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW			
ARMY		NAT. GUARD	
X MARINE CORPS		COAST GUARD	
NAVY		NAVY ROTC	
AIR FORCE		AIR FORCE ROTC	
AIR NAT'L GUARD		AIR FORCE ROTC	
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT	
Cpl. (E-4)		January 22, 1962	
7. CHECK (X) CURRENT RESERVE CATEGORY		8. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
READY RESERVE		January 22, 1962	
STANDBY ACTIVE		STANDBY INACTIVE	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE	
Cpl. 1		None	
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES			
None			
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT?			
YES			
13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS			
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?			
YES			
15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS			
16. INDICATE TOTAL MILITARY SERVICE YEARS MONTHS			
17. WHERE ARE YOUR SERVICE RECORDS KEPT?			
7 7			
Military Records Division, Department of Defense, Washington			

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. IF YOUR ANSWER IS "YES" TO THE ABOVE, STATE SOURCE OF OTHER INCOME			
Wife's Income			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
The Bank of California, N.A.		330 S.W. 5th Avenue, Portland, Oregon	
Union Trust Company		15 and H Streets, N.W., Washington, D.C.	
4. HAVE YOU EVER BEEN IN OR DETENTION FOR BANKRUPTCY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
General Motors Acceptance Corp.		1310 S.W. Yamhill Street, Portland 5, Oregon	
Gulf Oil Corporation		P.O. Box 7225, Atlanta 9, Georgia	
Hinde Furniture Company		917 Carolina Street, Fredericksburg, Virginia	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN OR OFFICIAL CONNECTIONS WITH ANY U.S. CORPORATIONS OR BUSINESSES, OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If answer "YES", furnish details on separate sheet.)	
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Divorced, Separated, Divorced, or Annulled) SPECIFY		Married	
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
NA			
WIFE, HUSBAND OR FIANCE If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancee.			
1. NAME (First, Middle, Last)		Dorothy Anne Arnett Flores	
2. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE, GIVE PARTICULARS (show and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.	
Dorothy A. Moran			
3. DATE OF MARRIAGE		4. PLACE OF MARRIAGE (City, State, Country)	
November 14, 1960		Lima, Peru	
5. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No. Street, City, State, Country)			
American Embassy, La Paz, Bolivia			
6. LIVING		7. DATE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
8. CURRENT ADDRESS (Give last address if separated)			
2323 Connecticut Ave., N.W., 1003, Washington 5, D.C.			
9. DATE OF BIRTH		10. PLACE OF BIRTH (City, State, Country)	
January 31, 1935		Portland, Oregon	
		11. CITIZENSHIP	
		United States of A.	

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SECTION XII CONTINUED FROM PAGE 9				
16. IF BORN OUTSIDE U.S. - DATE OF ENTRY		17. PLACE OF ENTRY		
NA		NA		
18. FORMER CITIZENSHIP(S) (Country, Date)		19. DATE U.S. CITIZENSHIP WAS ACQUIRED (City, State, Country)		
NA		NA		
20. OCCUPATION		21. PRESENT EMPLOYER (Give full name of employer or if spouse deceased or unemployed give last name and address)		
Legal Secretary		Boykin and De Francis Formerly Department of State		
22. EMPLOYER'S OR BUSINESS ADDRESS (No. Street City State Country)				
1000 16th St., N.W., Suite 601, Washington 2, D.C.				
23. DATES OF MILITARY SERVICE (From and to - If No. and 17)				
None				
24. BRANCH OF SERVICE		25. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED		
26. DETAILS OF OTHER GOVERNMENT SERVICE U.S. OR FOREIGN				
Foreign Service - Jan., 1953 - Oct., 1960; Civil Service - 1943 - 1944 - 1945 - 1946				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
None				
2. NUMBER OF CHILDREN (including step-children and adopted children) who are UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, grandparents, etc.) who are UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.		
0		0		
SECTION XIV FATHER (Give same information in my Statement and add nothing to a separate sheet)				
1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH
Jose S. Flores		YES		
4. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS WHERE AND BY WHAT AUTHORITY. USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
None				
5. CURRENT ADDRESS - Give last address, if deceased. No. Street City State Country				
501 S. Guadalupe Street, San Antonio, Texas				
7. DATE OF BIRTH		8. PLACE OF BIRTH (City, State, Country)		9. CITIZENSHIP
December 23, 1903		Mex 7 1/2 miles, Mexico, Mexico		USA
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY		
May 24, 1913		Mexico		
12. FORMER CITIZENSHIP(S) (Country, Date)		13. DATE U.S. CITIZENSHIP WAS ACQUIRED		14. WHERE ACQUIRED (City, State, Country)
Mexican		1913		Mexico, Mexico
15. OCCUPATION		16. PRESENT EMPLOYER (Give full name of employer or if spouse deceased or unemployed)		
Baptist Minister		Mexican Baptist Church		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS (If father is deceased or unemployed)				
501 S. Guadalupe Street, San Antonio, Texas				
18. DETAILS OF OTHER GOVERNMENT SERVICE U.S. OR FOREIGN				19. COUNTRY
To my knowledge never served in any military or naval service				

SECTION XV MOTHER (Give name and address for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) Flores, Aristina	2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH June 1969	4. CAUSE OF DEATH Unknown
5. STATE OTHER NAMES SHE HAS USED None to my knowledge		INDICATE CIRCUMSTANCES INCLUDING WHEN IT OCCURRED UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LOCAL CHANGE, GIVE PARTICULARS WHERE AND BY WHAT AUTHORITY. USE EXTRA SPACE PROVIDED ON PAGE 19 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED) (No., Street, City, State, Country) 3, Austin and Lee Streets, San Antonio, Texas			
7. DATE OF BIRTH September 20, 1903	8. PLACE OF BIRTH (City, State, Country) Hier y Horiea, Nuevo Leon, Mexico	9. CITIZENSHIP Mexican	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY Unknown		11. PLACE OF ENTRY Unknown	
12. FORMER CITIZENSHIP(S) (Country(ies)) NA	13. DATE U.S. CITIZENSHIP ACQUIRED NA	14. WHERE ACQUIRED (City, State, Country) NA	
15. OCCUPATION Housewife		16. PRESENT EMPLOYER (Give last employer, if worker is deceased or unemployed) NA	
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED NA			
18. DATES OF MILITARY SERVICE (From-and-To) NA	19. BRANCH OF SERVICE NA	20. COUNTRY NA	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) Paolan, Frances	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 631 S. River St., Sevin, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 41
1. FULL NAME (Last-First-Middle) Rentaria, Rachel	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 311 Lathart St., San Antonio, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 39
1. FULL NAME (Last-First-Middle) Black, Rebecca Mary	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 501 S. Guadalupe St., San Marcos, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 34
1. FULL NAME (Last-First-Middle) Plaza, Samuel	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) Rogers and Oak Hills, Sevin, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 32
1. FULL NAME (Last-First-Middle) Flores, Joe	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 4004 S. 12th St., San Antonio, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 27
1. FULL NAME (Last-First-Middle) Briggs, Esther	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 1212 Sevin St., Sevin, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 24
1. FULL NAME (Last-First-Middle) Flores, Joseph	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) Sevin, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 22
1. FULL NAME (Last-First-Middle) Flores, Juan	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) Sevin, Texas	5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 21

SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last-First-Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Arnett, Carl Raymond	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
Ray			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
4505 Washington St., Milwaukie, 22, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
January 2, 1909	Minot, North Dakota	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)		
Warehouse Foreman	Rudy Wilhelm Inc., Portland, Ore. on		
SECTION XVIII		MOTHER-IN-LAW	
1. FULL NAME (Last-First-Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Tompkins, Alma Dean	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
Alma Dean Arnett			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
13920 S.E. Portland View Place, Portland 36, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
May 4, 1910	Portland, Oregon	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)		
Homemaker			
SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
None to my knowledge			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	

SECTION VII (Continued) FROM PAGE 12			
8. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION SIX ABOVE			
NA			
SECTION XX			
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
Arnett, Raymond Wesley	Bro-in-law	21	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
U.S. Army Depot, Pueblo, Colorado			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
Miller, Claude	2nd Cousin	Max	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
Air Station, Quantico, Virginia			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)			
A. TYPE AND LOCATION OF SERVICE (If known)			
Aviation - 1st S. t. 1. HMC			
SECTION XXI			
REFERENCES, ACQUAINTANCES, AND NEIGHBORS			
1. LIST FIVE CHARACTER REFERENCES NOT RELATIVES IN THE U.S. WHO KNOW YOU INTIMATELY			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. and Mrs. Jose Espinosa	S. Guadalupe St., San Antonio, Texas	San Marcos, Texas	
Rev. Carlos Paredes	First Baptist Church Austin, Texas	Austin, Texas	
Mr. Thaxter L. Goodell	230 E. St., N.W., Washington, D.C.	3740 Jason Avenue, Alexandria, Virginia	
Mr. Alfred Beatty	Dept. of Agriculture The American Embassy, Lima, Peru	1711 Massachusetts Ave., Washington, D.C.	
Cpl. Michael Hennessey		173 Bartolome Herrera Miraflores, Lima, Peru	
2. LIST FIVE PERSONS IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES SUPERVISORS OR EMPLOYERS			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. Howard Wicklund Jr.	Department of State, Washington, D.C.	Hilltop House, Lullai St., Lullai, D.C.	
Mr. Max Pine		3571 Section Road, Birmingham, Ala.	
Miss Mary Ann Newman	Department of State, Washington, D.C.	Allen Lee Hotel, 23rd St., N.W., Washington, D.C.	
Miss Ruth P. Stewart		601 Cascade, Durham, Colorado	
Mrs. Bea Lux		173 Bartolome Herrera, Miraflores, Lima, Peru	
3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Miss Nancy Payne		402 Hanover St., Fredericksburg, Virginia	
Lt. and Mrs. William Paulman		c/o Leo Felts, Route 1, Kansas, Mo.	

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SECTION XXII CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (in local membership or in support of any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Spanish Club	San Marcos High School, San Marcos, Texas	Sept., 1931	May, 1933
Distributive Education Club	San Marcos High School, San Marcos, Texas	Sept., 1931	May, 1933
Baptist Youth Organization	First Mexican Baptist Church, San Marcos, Tex.	Jan., 1937	May, 1937

SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
4716 Kenners Ave., #201, Alexandria, Virginia	March, 1961	Aug., 1961
102 Haxover St., Fredericksburg, Virginia	Dec., 1960	Mar., 1961
172 Bartolomea Herrera, Miraflores, Lima, Peru	Jan., 1960	May., 1960
8318 Building, 3rd & 14th Floors, La Paz, Bolivia	Nov., 1959	Jan., 1960
471 Company, Headquarters Marine Corps, Henderson Hall, Washington 25, D.C.	Sept., 1959	May., 1960
Cold Weather Training Battalion, Pickle Weavers, Redwoodport, California	Jan., 1959	Aug., 1960
Marine Corps Base, 23 Palis, California	Dec., 1957	Jan., 1958
Marine Corps Recruit Depot, San Diego, California	Jan., 1957	Nov., 1957
Marine Corps Base, Camp Pendleton, California	Nov., 1956	Dec., 1957
501 S. Guadalupe St., San Marcos, Texas	May 1956	July, 1957
Howard Payne College, Brownwood, Texas	Sept., 1955	May, 1956
501 S. Guadalupe St., San Marcos, Texas	1956	Sept., 1956

SECTION XXIV		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER ASSOCIATED OR BEEN ASSOCIATED WITH ANY OF THE FOLLOWING: (a) ANY PARTY, ORGANIZATION OR UNION, (b) ANY ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES, BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS, OR (c) ANY GROUP OR PERSONS FOR THE PURPOSE OF VIOLENCE TO OBTAIN THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			
X NO			
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN:			
3. DO YOU USE OR HAVE YOU EVER USED "INTOXICANTS"?	YES	4. IF SO, TO WHAT EXTENT?	
X NO			
5. DO YOU USE OR HAVE YOU EVER USED "NARCOTICS"?	YES	6. IF SO, TO WHAT EXTENT?	
X NO			
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:			
I served 4 years in the United States Marine Corps.			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.			
An investigation (I do not know by whom) was conducted prior to my departure for Bolivia where I was assigned to the American Embassy. This investigation took place during August and September of 1953.			
NOTE SPECIAL: If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.			
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A VIOLATION OF THE TRAFFIC LAWS IN THE UNITED STATES OR ABROAD?			
IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.			
X NO			
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			
X NO			
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			
X NO			
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First-Middle-Last)		2. RELATIONSHIP	
Mrs. Daniel Flores		Wife	
3. HOME ADDRESS (No. Street, City, State, Country)		4. HOME PHONE NO.	
2828 Conn. Ave. S.W., Washington 5, D.C.		365-8182	
5. BUSINESS ADDRESS (No. Street, City, State, Country) - INDICATE NAME OF FIRM OR, BUSINESS PHONE NO. & EXT.			
Boydin and De Francis 1000 15th St., Suite 603, Washington 5, D.C.		DI 7-5444	
6. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Mother, Father, etc.) MAY ALSO BE NOTIFIED IF SUCH NOTIFICATION IS NOT UNDESIRABLE BECAUSE OF HEALTH OR OTHER REASONS. PLEASE SO STATE.			
In all cases wife: Relative, Mrs. Victoria Patton, 631 S. River St., Seguin, Texas Telephone FR 9-1027			

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SECTION XVII		CERTIFICATION	
<p>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</p> <p>I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission is to a material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</p>			
<p>DATE OF SIGNATURE <i>September 5, 1961</i></p>		<p>SIGNATURE OF APPLICANT <i>Daniel Flores</i></p>	
<p>SIGNED AT (City and State) <i>Washington, District of Columbia</i></p>		<p>SIGNATURE OF WITNESS <i>Lawrence Cooling</i></p>	
<p>NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates. Sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.</p>			
<p>MARITAL STATUS: Item #4, Section XII September 1, 1956 to October 6, 1956. Married to Lt. Col. Joseph G. Moran in Portland, Oregon, by Circuit Court Judge. Used name of Moran until November 12, 1960, when changed to Flores.</p>			
<p>FATHER-IN-LAW: Item #5, Section XVII Short name for Raymond</p>			
<p>GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL: Item #1, Section VI</p>			
<p>Argentina 2 July 1959 to 3 July 1959 Travel</p>			
<p>Panama 10 November 1958 to 13 November 1958 Travel</p>			
<p>SEE ATTACHED SHEET FOR PERTINENT INFORMATION RELATIVE TO STEP-MOTHER.</p>			
<p>Signed at Washington, D. C., this <u>7th</u> day of September, 1961.</p>			
<p><i>Daniel Flores</i> Daniel Flores</p>			

ATTACHMENT TO FORM NO. 444 - PERSONAL HISTORY STATEMENT

Section XV - STEPMOTHER

Full name: Concepcion R. Flores
Living: Yes
Other Names She Has Used: None to my knowledge
Current Address: 501 S. Guadalupe Street, San Marcos, Texas
Date of Birth: December 9, 1914
Place of Birth: Mexico
Citizenship: Mexican
If Born Outside U.S. - Date of Entry: December 8, 1922
Place of Entry: Unknown
Former Citizenships: None
Occupation: Homemaker and Missionary
Present Employer: Mexican Baptist Church, San Marcos, Texas
Never served in Military or other Government service to my knowledge.

This paper is attached to and hereby made a part of Form No. 444.


Daniel Flores