

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				007667			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
BUSTOSVIDELA, C. Z.			12 Jan 29	F	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WH/1		Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
				1 January - 31 December 1965			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Handles all aspects of 22 FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.						RATING LETTER O	
SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.						RATING LETTER O	
SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.						RATING LETTER S	
SPECIFIC DUTY NO. 5 Branch records officer.						RATING LETTER S	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER O	
25 JAN 1966							

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties described, if applicable.</u></p> <p style="text-align: right;">JAN 23 12 53 PM '66</p>				
<p>Subject continues to render a superior performance. She is efficient, thoroughly knowledgeable, rapid in her work, well organized, and greatly facilitates the smooth functioning of the office. The quality of Subject's work has been recognized fully in previous fitness reports and in previous recommendations for promotion from GS-12 to 13. This high quality of work has continued throughout the period of this fitness report and Subject continues to merit promotion.</p>				
SECTION D CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
20 Jan 1966	C. J. [Signature]			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
Four				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
20 Jan 1966	DC/WH/1	J. H. V. Fisher		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
<p>Reviewing Officer agrees with above report and endorses Subject's fitness for promotion.</p>				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
20 Jan 1966	C/WH/1	W. J. Kaufman		

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Bustos-Videla, Charlotte E.			12 Jan 1929	F.	GS-12
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer			DOP/MS/1		h.s.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to)		
31 January 1965			1 January 1964 - 31 December 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Handles all aspects of 21 FI/CE/Support projects including project actions, logistical support, requirements, guidance, reviews.					O
SPECIFIC DUTY NO. 2 Handle all matters concerning the agents belonging to these projects, including field agents, Contract, Career and Staff Agents. This includes OA/CSA's, contracts, training, PCS arrangements, cover, funding.					O
SPECIFIC DUTY NO. 3 Prepare, or help prepare, miscellaneous memoranda and studies, such as monthly FI achievements, Operational Program, responses to requests from the Senior Staffs on operations and on Mexico itself.					O
SPECIFIC DUTY NO. 4 Supervise one Intelligence Assistant in the maintenance of a desk tickler system and the agent and subject 201 files at the desk.					O
SPECIFIC DUTY NO. 5 Records Officer					S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					O
23 MAR 1965					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This exceptionally competent and productive officer has continued to perform at a level well above that of the GS-13 slot she occupies. While a good deal of her tremendous effectiveness stems from experience, continuity on the job and her natural retentive memory, during the period under review she also demonstrated a flair for, and applied her talents to, the solution of relatively major and complex planning and managerial problems in the area of operational support to Mexico Station activities.

To the list of her previously abundantly acknowledged capacity for hard, effective work, talent for training on the job younger officers, diligence, and versatile ability, this rater would like to add a note of appreciation for her everpresent tactfulness and discretion. No weaknesses affecting her present assignment have been noted; she is very careful and realistic in planning for expenditure of funds.

This officer is separately being recommended for promotion to GS-13.

WH will review this fitness report with others during a special meeting scheduled periodically to consider suitable recommendation for outstanding performance.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) BUSTOS-VIDELA, Charlotte Z.			2. DATE OF BIRTH 12 Jan 1929	3. SEX F	4. GRADE GS-12
5. OFFICIAL POSITION TITLE Operations Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3	8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 January 1964			12. REPORTING PERIOD (From - to) 1 January 1963 - 31 December 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Handle Project action, operational correspondence, support for 19 FI and OPs Support type projects, effecting proper coordination with senior staffs, other divisions, and offices.					B
SPECIFIC DUTY NO. 2 Handle clearance actions, contracts, and administrative matters for agents falling under these projects, and for the entire desk in the absence of the Intell Analyst.					O
SPECIFIC DUTY NO. 3 Prepare miscellaneous memoranda, budgets, and reports requested by Senior Staffs and Division officers from the Mexican desk on Mexican matters in general.					S
SPECIFIC DUTY NO. 4 Supervise the clerical and administrative personnel on the desk (averaging 4) and in general see to the smooth functioning of the desk and the flow of paper.					O
SPECIFIC DUTY NO. 5 Records Officer for WH/3/M					O
SPECIFIC DUTY NO. 6 Assume the responsibilities of C/WH/3/M when the Chief of the desk is absent, signing dispatches and cables, coordinating, and supervising 2 Reports Officers and 5 Case Officers.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject's performance during the rating period has been marked by general excellence. As indicated in Section B her supervision and direction of the Section's work relating to intel support, administration, preparation of special reports, training personnel, etc. is uniformly outstanding. The fact that these functions are handled in addition to her duties as the desk officer for the FI and Ops Support projects, which she performs with unusual competence, serves to illustrate her value to this Section. She has an exceptional ability independently to determine proper courses of action and to initiate action to carry them out. She has a profound understanding of the area operational program and contributions to it are imaginative and constructive.

In the opinion of the rater Subject's performance compares favorably with any GS-13 desk officer within his experience and she performs occasionally at the GS-14 level. Moreover, she carries out her duties cheerfully, loyally and in close and amicable cooperation with her fellow employees at all levels.

In those aspects of her duties which involve cost e.g. the review of operational projects, she has given close attention to the budgetary matters and has frequently suggested ways in which economies in the operations might be effected.

SECTION D

CERTIFICATION AND COMMENTS

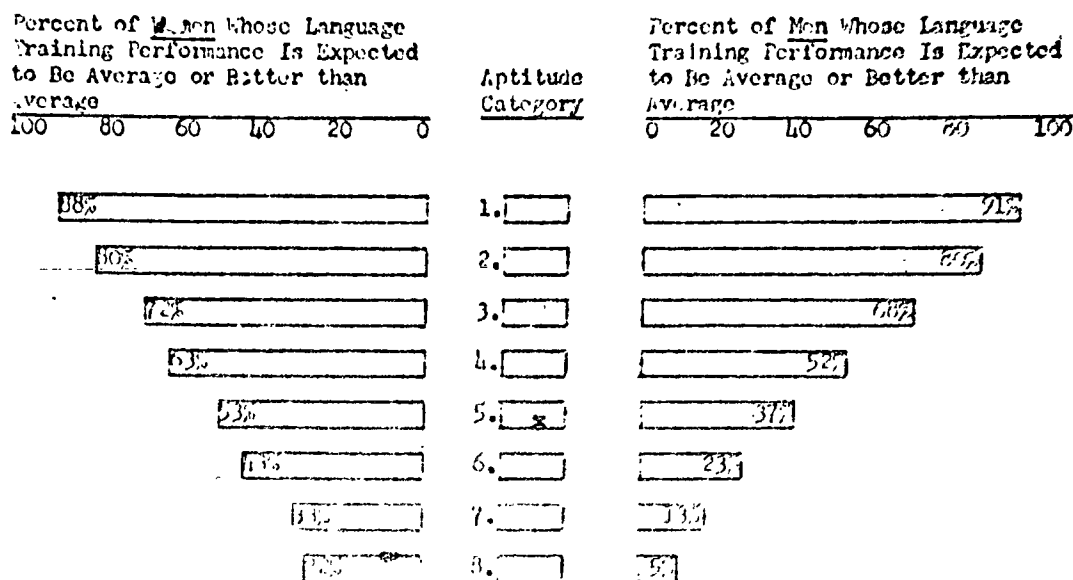
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SPEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 28 January 1964	SIGNATURE OF EMPLOYEE <i>Charlotte J. Linnard-Pedraza</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 1-28-64	OFFICIAL TITLE OF SUPERVISOR C/WH/3/Mexico	TYPED OR PRINTED NAME AND SIGNATURE <i>Bernard E. Reichhardt</i> Bernard Reichhardt
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the high rating given this employee. She is undoubtedly the ablest employee in this branch in the performance of her particular job.		
DATE 29 Jan 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/3	TYPED OR PRINTED NAME AND SIGNATURE <i>John W. Shattuck</i> John W. Shattuck

SECRET

REPORT ON FOREIGN LANGUAGE ATTITUDE AND EXPERIENCE

NAME (Name) OFFICE (Office) SEX Male (Sex) DATE OF TESTING 27 September 1948 (Date of Testing)

The category checked below is an interpretation of the scores made by the person named above on a battery of foreign language aptitude tests. The relationships between test performance and subsequent training performance of trainees in Agency language training courses are indicated by the graphs next to the aptitude categories. The graphs to the left are for women and the graphs to the right are for men. From these graphs you can read for each aptitude category the probability that a person in that category will perform in an Agency foreign language training course at an average or better-than-average level. For example, 22 per cent of the women who obtain an aptitude rating of "B" can be expected to be average or better in course performance, while 5 per cent of the men with ratings of "B" can be expected to be average or better in course performance. A man needs an aptitude rating of "C" to have about the same expectation of success in language training as a woman with a rating of "B". At the other end of the scale, 90 per cent of either men or women who obtain aptitude ratings of "2" can be expected to do average or better-than-average work in training. The differences in relationship are due to differences between men and women in both training performance and test scores. On the average women are somewhat higher on both.



Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. STRENGTH OF MOTIVATION, PRIOR EXPERIENCE WITH A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

3 Foreign Languages have been studied or learned by this individual.

Months of Academic Training
High School College Other

18 54 22

Non-academic Experience (1 year or more)
Reading or Writing Speaking

25 20

This report may be shown to the individual concerned.

M. EDWARD A. RYANQUIST

SECRET

TRAINING REPORT

RECORDS OFFICERS COURSE

30 April - 4 May 1962

Student : Charlotte Z. Bustos-Vidal ^{Office} : WH/3
Year of Birth: 1929 Service Designation: D
Grade : GS-12 Number of Students : 34
EOD Date : Aug 1951

COURSE OBJECTIVES - CONTENT AND METHODS

This course, designed for present and prospective Records Officers, has four principal objectives.

1. To give an appreciation for the Agency's CS mission.
2. To describe the role that records play in the discharge by the Agency of the responsibilities inherent in the mission.
3. To emphasize the importance of records and proper records management in the successful performance of the stated mission.
4. To increase awareness of the inter-relationships between the CS mission and records; to sharpen judgement in the handling and disposition of records; and to improve performance of Records Officers.

The student is instructed through the media of lectures, directed reading, practical exercises and discussions.

ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

Augustus F. Schermerhorn
Augustus F. Schermerhorn 24 July 1962
Chief Instructor Date

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 107667	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Bustos-Videla, Charlotte			2. DATE OF BIRTH 12 Jan 29	3. SEX F	4. GRADE GS-12
6. OFFICIAL POSITION TITLE OPS OFFICER			7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3		8. CURRENT STATION ---
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 January 1963			12. REPORTING PERIOD (From - to) 1 Jan - 30 Dec 62		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Supervises office staff of Mexico Desk in preparing correspondence, keeping files, carding, and training new personnel.					O
SPECIFIC DUTY NO. 2 Desk Intelligence officer for important satellite and FI operations in Mexico, processing projects, handling operational correspondence, conducting liaison with other divisions.					S
SPECIFIC DUTY NO. 3 Routing cables, dispatches for the entire Desk, supervising distribution of work.					O
SPECIFIC DUTY NO. 4 Personally handling large number of clearances, project approvals, cable coordinations, and official negotiations on matters touching all aspects of the Desk's work.					O
SPECIFIC DUTY NO. 5 Preparation of budget, special papers, surveys, and briefings.					O
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This officer is the person chiefly responsible for the Mexico Desk's deserved reputation for excellence and efficiency. The complicated and never-ending tasks of project processing, clearances, tracing, and coordination are handled by her with blinding speed and unerring perfection. Procedural problems are there to be solved, and the solutions come with amazing rapidity. Operational problems are worked out thoroughly and conscientiously. No corners are cut and no principles are compromised.

Never at a loss for an answer, this officer never shrinks from any assignment and instinctively wants to take over any vexing problem which is holding up progress. She is complete mistress of file and record resources and answers all queries within minutes. The most complex budgetary and planning projects are handled by her with deceptive ease.

These qualities of rare efficiency and speed are coupled with an even rarer degree of amiability and cooperativeness. The work which proceeds under her at such a break-neck pace nonetheless goes on in an air of placidity and good humor. The large office staff is run without a trace of tension, jealousy, or friction. All of this is traceable to this officer's fine example and catalytic effect on her colleagues.

Finely-educated, handling the Spanish language with fluency, and keeping up with current events in her area, this officer is a unique asset to our organization.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

26 February 1963

SIGNATURE OF EMPLOYEE

Charles J. L. L. L.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

26 February 1963

OFFICIAL TITLE OF SUPERVISOR

c/WH/3/MEXICO

TYPED OR PRINTED NAME AND SIGNATURE

John M. Whitten
John M. Whitten

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

26 February 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

AC/WH/3

TYPED OR PRINTED NAME AND SIGNATURE

Forrest Shivers
Forrest Shivers

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER R000-1000 CSFD 0076-7		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) BUSTOS-VIDELA Charlotte Z			2. DATE OF BIRTH 12 January 1929		3. SEX Female	
4. SERVICE DESIGNATION D			5. OFFICIAL POSITION TITLE Operations Officer		6. OFF/DIV/BR OF ASSIGNMENT DDP/M/3/D. C.	
7. CAREER STAFF STATUS			8. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
9. DATE REPORT DUE IN O.P. 31 January 1962		10. REPORTING PERIOD From 1 Jan 61 - 31 Dec 61 To		11. SPECIAL (Specify)		
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding						
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on 12 support type projects for Mexico City and Monterrey		RATING NO. 7		SPECIFIC DUTY NO. 4 Assist the Chief of the desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work.		
SPECIFIC DUTY NO. 2 Handle miscellaneous and support matters (requests for tech equip, studies, training guides, etc) for Mexico and Monterrey		RATING NO. 7		SPECIFIC DUTY NO. 5 routing of pouches and cables, supervision of clerical staff of 4.		
SPECIFIC DUTY NO. 3 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with 20 on his and field records problems		RATING NO. 6		SPECIFIC DUTY NO. 6		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 6	
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree						
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING
						1 2 3 4 5
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY						X
SECURITY CONSCIOUS						
THINKS CLEARLY						
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Feb 12 11 43 AM '62

This outstanding employee has maintained the high standard of performance set forth in the report of this supervisor. Where possible, she has exceeded her earlier performance record. During the past year this office acquired considerable new personnel, which Subject trained in a highly capable manner to guarantee the smooth-functioning of the office. The undersigned hopes this employee will continue to serve this organization indefinitely notwithstanding her marriage during the past year.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE
23 January 1962SIGNATURE OF EMPLOYEE
Charlotte J. Berton-Vedela

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE
23 January 1962OFFICIAL TITLE OF SUPERVISOR
Chief of DeskTYPED OR PRINTED NAME AND SIGNATURE
John G. Wynn *John G. Wynn*

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE
6 Feb 1962OFFICIAL TITLE OF REVIEWING OFFICIAL
CH-112TYPED OR PRINTED NAME AND SIGNATURE
Paul F. Holman

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE		
Zehrung Charlotte		12 Jan. 1929		Female	GS-12		
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			
DI		Ops Officer		DDP/AH/3/Next/DC			
8. CAREER STAFF STATUS			9. TYPE OF REPORT				
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD					
31 January 1961		From 30 Sep 59 - 31 Dec 60					
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding							
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on 12 supporttype projects for Mexico City and Monterrey		RATING NO. 7	SPECIFIC DUTY NO. 2 Assist the Chief of the Desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, routing		RATING NO. 6		
SPECIFIC DUTY NO. 3 Handle miscellaneous administrative and support matters (requests for tech equip, studies, training guides, etc) for Mexico and Monterrey		RATING NO. 7	SPECIFIC DUTY NO. 4 Supervise maintenance of supervision of pouches and cables, supervision of clerical staff of 4.		RATING NO.		
SPECIFIC DUTY NO. 5 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with BID on Rqs and field records problems.		RATING NO. 6	SPECIFIC DUTY NO. 6		RATING NO.		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 6		
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree							
CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING				
			1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
WRITES EFFECTIVELY						X	
SECURITY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

SECRET

OFFICE OF PERSONNEL

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to provide for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development for obtaining greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

MAIL ROOM

This is a truly outstanding employee with capabilities far beyond those required for her present position. She has an unusually keen mind, makes decisions that are correct without hesitation and carries out all actions promptly and efficiently. She is the supervisor of the office staff, who respect and admire her ability. In addition to her skill, she is possessed of a most pleasing disposition which ingratiates her with the other members of the staff. The years of experience she has had at the various jobs to be done at a country desk make her invaluable as a trainer and supervisor for new personnel. Her knowledge of Spanish has also been especially helpful at the Mexican Desk. This supervisor would be most pleased to have her serve with him on any future assignment.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
31 December 1960	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
31 December 1960	Desk Chief, WH/3/Mexico	John G. Hoyt <i>[Signature]</i>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 Jan 1961	Chief WH/3	Paul A. Helina <i>[Signature]</i>

SECRET

SECRET
(When Filled In)

14100
new
27-01

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) TEHRUNO, Charlotte			2. DATE OF BIRTH 12 Jan. 1929		3. SEX Female
4. GRADE GS-11		5. SERVICE DESIGNATION DI		6. OFFICIAL POSITION TITLE I.O. (FI)	
7. OFF/DIV/DR OF ASSIGNMENT DDP/WH/III/Maxi/DC		8. CAREER STAFF STATUS			
9. TYPE OF REPORT		10. DATE REPORT DUE IN O.P.			
11. REPORTING PERIOD		12. SPECIAL (Specify)			
13. NOT ELIGIBLE		14. MEMBER		15. DEFERRED	
16. PENDING		17. DECLINED		18. DENIED	
19. INITIAL		20. ANNUAL		21. REASSIGNMENT/SUPERVISOR	
22. REASSIGNMENT/EMPLOYEE		23. DATE REPORT DUE IN O.P.			
24. REPORTING PERIOD		25. SPECIAL (Specify)			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable	
4 - Competent		5 - Excellent		6 - Superior	
7 - Outstanding					
SPECIFIC DUTY NO. 1		RATING NO.		SPECIFIC DUTY NO. 4	
Responsible Case Officer for several FI and CE/CI Projects		5/6		Consults and coordinates with various agencies on the in- and out- station's projects and operations	
SPECIFIC DUTY NO. 2		RATING NO.		SPECIFIC DUTY NO. 5	
Handles large volume of correspondence with Station in support of Operations		6/7		Prep res, reviews and coordinates memoranda	
SPECIFIC DUTY NO. 3		RATING NO.		SPECIFIC DUTY NO. 6	
Supervises maintenance of desk records and project files		6/7			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS		NOT APPLICABLE		NOT APPLICABLE	
				RATING	
				1 2 3 4 5	
GETS THINGS DONE				5	
RESOURCEFUL				5	
ACCEPTS RESPONSIBILITIES				5	
CAN MAKE DECISIONS ON HIS OWN WHEN NECESSARY				5	
DOES HIS JOB WITHOUT STRONG SUPPORT				5	
FACILITATES SMOOTH OPERATION OF HIS OFFICE				5	
WRITES EFFECTIVELY				5	
SECURITY CONSCIOUS				5	
THINKS CLEARLY				5	
DISCIPLINE IN ORIGINATING, MAINTAINING AND IMPROVING OF RECORDS				5	
OTHER (Specify)				5	

SECRET

OFFICE

SECTION E

NARRATIVE DESCRIPTION OF ~~WARRIOR~~ OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAIL ROOM

Please see previous fitness report. This employee was rated four months ago. There is no change in the rating; she has continued to give an outstanding performance.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

3 Oct 59

SIGNATURE OF EMPLOYEE

[Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

26 months

IF THIS REPORT HAS NOT BEEN GIVEN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify)

DATE

12 Oct 1959

OFFICIAL TITLE OF SUPERVISOR

C/M/III/Mexico

TYPED OR PRINTED NAME AND SIGNATURE

JOHN E. BERRY

3.

BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/M/III

TYPED OR PRINTED NAME AND SIGNATURE

Robert H. Dole

Robert H. Dole

SECRET

SECRET
(When Filled In)

12 JUL 1959

EMPLOYEE SERIAL NUMBER

FITNESS REPORT

SECTION A**GENERAL**

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
ZEHURUNG, Charlotte L.		12 Jan 1929	F	11
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT		
DI	I.O. (PI)	DDP/WII/III/Mexico/DC		
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		
28 August 1958		From 28 August 1957 To 31 May 59		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.	
Responsible Case Officer for several FI and CE/CI Projects		5/6	Consults and coordinates with various Hqs components regarding Station's Projects and Operations		6	
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Handles large volume of correspondence with Station in support of Operations		6/7	Prepares, reviews and coordinates memoranda		6	
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
Supervises maintenance of desk records and project files		6/7				

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5/6

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				<input checked="" type="checkbox"/>
RESOURCEFUL				<input checked="" type="checkbox"/>
ACCEPTS RESPONSIBILITIES				<input checked="" type="checkbox"/>
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				<input checked="" type="checkbox"/>
DOES HIS JOB WITHOUT STRONG SUPPORT				<input checked="" type="checkbox"/>
FACILITATES SMOOTH OPERATION OF HIS OFFICE				<input checked="" type="checkbox"/>
WRITES EFFECTIVELY				<input checked="" type="checkbox"/>
SECURITY CONSCIOUS				<input checked="" type="checkbox"/>
THINKS CLEARLY				<input checked="" type="checkbox"/>
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				<input checked="" type="checkbox"/>
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

JUL 21 2 51 PM '59

This employee is intelligent, loyal and dedicated to duty. She has an outstanding ability in getting her job assignments accomplished effectively and with a minimum of time and support. She readily accepts responsibility, is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures plus her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the Station's operations. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities. Additional training is dependent upon her future assignments.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

11 June 1959

SIGNATURE OF EMPLOYEE

Miss Zehrung

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

22 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

11 June 1959

OFFICIAL TITLE OF SUPERVISOR

C/WH/III/Mexico

TYPED OR PRINTED NAME AND SIGNATURE

John B. Brady

3.

BY REVIEWING OFFICIAL

X

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

11 July 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH/III

TYPED OR PRINTED NAME AND SIGNATURE

John B. Brady

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) ZEHRUNG, Charlotte L.	2. DATE OF BIRTH 12 Jan 1929	3. SEX F	4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT DDP/WH/II/DC/Argentina/MEXICO		6. OFFICIAL POSITION TITLE Reports Officer	
7. GRADE GS-11	8. DATE REPORT DUE IN OR 4 Nov 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 28 August 1956 - 27 August 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES TO THAT HE KNOWS WHERE HE STANDS.	

12. THIS DATE 20 January 1958	13. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR John B. Erady	14. SUPERVISOR'S OFFICIAL TITLE C/WH/III/Mexico
---	---	---

15. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY 16	DATE 21 JAN 1958
SIGNED 16	
DATE 21 JAN 1958	

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

16. THIS DATE 21 January 1958	17. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. N. Dahlgren	18. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/III
---	--	---

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

6 INSERT RATING NUMBER	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS.

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

OFFICE

DIRECTIONS

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	3. PERFORMS THIS DUTY ACCEPTABLY	4. PERFORMS THIS DUTY IN A COMPETENT MANNER	5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
---------------------------------	--	--	----------------------------------	---	--	---	---

SPECIFIC DUTY NO. 1 Supervises maintenance of desk records and project files.	RATING NUMBER 7	SPECIFIC DUTY NO. 4 Extracts pertinent information from reports and statistics for the preparation of studies.	RATING NUMBER 6
SPECIFIC DUTY NO. 2 Reviews and coordinates memoranda	RATING NUMBER 6	SPECIFIC DUTY NO. 5 Prepares cables and dispatches for the field	RATING NUMBER 6
SPECIFIC DUTY NO. 3 Processes for dissemination reports from field stations	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files	RATING NUMBER 6

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

This employee is a highly efficient worker who in accomplishing her job assignments has performed in a very outstanding manner. She has the ability to think clearly and logically and at all times exercises extreme good judgment. Her knowledge of his and field procedures constitutes a great asset and she has the facility for picking up loose ends and keeping an office smoothly running. She is willing to undertake any assignment that facilitates getting the job done and is entirely capable of seeing that the job is properly done. Her contribution to the job reflects conscientiousness, loyalty and devotion to duty far above the average.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO IF YES, EXPLAIN FULLY

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (C) no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
ZEHRUNG, Charlotte	12 Jan 1929	F	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
DDP/WH/II/DC/Argentina/MEXICO	Reports Officer		
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-11	4 Nov 1957	28 August 1956 - 27 August 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT-EMPLOYEE	

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
20 January 1958	John B. Brady <i>John B. Brady</i>	C/WH/III/Mexico
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 January 1958	R. N. Dahlgren <i>R. N. Dahlgren</i>	C/WH/III

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH HIS PRESENT PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, rate your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	1 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	4 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
3		A GROUP DOING THE BASIC JOB (First line supervisors, technicians or professional specialists of various kinds) where contact with immediate subordinates is frequent (First line supervisor)		
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	2	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		Please (Specify)		

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

7 months

JAN 24 2 09 PM '58

4. COMMENTS CONCERNING POTENTIAL

Her potential has a wide range. She has the ability to organize and direct a sizeable office of reports writers and to supervise the administrative functions for a large office. She has a distinct aptitude for operations and her potential in the field of operational support work as well as in the direct handling of operations is a good one.

SECTION II.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None recommended at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIED TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
5	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN PREFERENCES
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSCIENTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN Cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWED TIME LIMITS	5	30. DOES NOT REQUIRE STRESS AND DAILY SUPERVISION

SECRET

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(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

CHARLOTTE E. RUSTENVIDELA
NAME
(Please Print)

Charlotte E. Rustenvidela
Signature

5 Jan 1972
Date

CONFIDENTIAL
(When filled in)

Group 1 Excluded from
automatic downgrading
and declassification.

SECRET
(When Filled In)

FILE

PUNCHED
BY

REPORT OF SERVICE ABROAD

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

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-24

007667

Bustosvidela

Charlotte

Z

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. 38, 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	1 - PCS (Basic)	CODE	37	38 39			40-42
25-26	27-28	29-30	31-32	33-34	35-36	2 - CORRECTION						
						3 - CANCELLATION						
			08	10	72		1			Mexico		450

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	2 - TDY (Basic)	CODE	37	38 39			40-42
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION						
						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.

DOCUMENT DATE/PERIOD

IN 680799

8/10/72

REMARKS

PREPARED BY

REPORT ANNOTATED ON
CONTROL DOCUMENTSOURCE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

CCO

C D L DIVISION, CTBB.

DATE

SIGNATURE

C D L DIVISION

8/10/72

PS

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

SECRET

OFF

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)
Charlotte Z. Buston-Videla	8 Sep 1971	John R. Horton	8 Sep 1971
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
15 September 1971	HMMT 11,086, 8 Sep 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. CRYPT FOR CURRENT COVER
12 Jan 29		Cuba/CI; GS-13	Mexico City	Nominal LNGOLD
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	
28 July 1967	9 Sept. 1972	-----	16 October (3 weeks H/L) (2 weeks A/L)	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

My husband is currently a professor in New York City, and I would very much appreciate an assignment in New York City so I may join him there. I would be agreeable to changing somewhat my departure date from Mexico if it would help in my accepting an opening in New York City. (My reason for requesting the two month extension is to insure my 5 years overseas duty so as to qualify for the organization's retirement plan.)

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).
(also attach personal cover questionnaire in accordance with CSI-F 140-8)

1. Analysis of personality and target data from raw and finished reports, preparation of target studies, and finished intelligence dissem.
2. Operational reporting: cables, dispatches, projects, progress reports, etc.
3. Handling of outside transcribers. (off and on).
4. Records control and purge of Station files.
5. Preparation of memos for other components of LNCUFF.
6. General Ops support IA typo work.

10. TRAINING DESIRED:

INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

SECRET

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.

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.

☒ EXTEND TOUR 2 MONTHS AT CURRENT STATION TO 9 September (date)

2 ☒ BE ASSIGNED TO DOJ FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, WNY OR OFFICE.
1ST CHOICE DOJ 2ND CHOICE EUR 3RD CHOICE _____

1 ☒ BE ASSIGNED TO NEW YORK FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE New York 2ND CHOICE _____ 3RD CHOICE _____

3 ☐ 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:

Those of you who know her realize that I would hardly give up SCALETTI, even after five years on the job, without a fight, did not other reasons intervene. Her husband is working in New York now and so her remaining here any longer than needed for her to qualify for her retirement time, as she explains, is a needless hardship. (It would help us if you would confirm that time: is that the date needed for her to remain in order to qualify?) Please do your best to arrange

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

-continued

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.

Subject will be assigned as chief of the CA Section, WH/Branch One. She is being notified via HMMS 7580.

DATE 9Jun72 TITLE DC/WH/Pers SIGNATURE Jane Wurz

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

FILE NO. _____ DATE: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____
(Signature)

SECRET

12. CONTINUED

an assignment in New York for her. She is such a valuable person that anyone who has worked with her would be glad to have her on the premises: so there is no need to try to "sell" her: it's just the question of whether the timing would be right, I should think.

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(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
BUSTOS-VIDELA		Charlotte	Z	069-24-3138

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.	Washington, D.C.
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
Dayton, Ohio	Dayton, Ohio

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: Dayton, Ohio
DATE OF MARRIAGE: March 18, 1961

IF DIVORCED, PLACE OF DIVORCE DECREE: NA
DATE OF DECREE: NA

IF WIDOWED, PLACE SPOUSE DIED: NA
DATE SPOUSE DIED: NA

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

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO. MEXICO
Cesar Bustos-Videla	Apartado Postal 6-940, Mexico 6, D.F. MEXICO	525-42-36
NAMES OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
NA		
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
Samuel D. Zehrung	425 Dayton Towers Dr, Dayton, Ohio	513-202-2590
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.
Eazel Zehrung	Same	Same

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
Cesar Bustos-Videla	husband
HOME ADDRESS (No., Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
see above	see above
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
Universidad de las Americas, Puebla, MEXICO	

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

yes	YES	X
	NO	

IS THIS 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	X
	NO	

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 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.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

JUN 22 11 00 AM '79

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(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

Charlotte S. Barabian
Signature

BUSTOS Videla, Charlotte

22 Jan 1970
Date

CONFIDENTIAL
(When Filled In)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
Charlotte Bustos-Videla	26 Jan. 70	James B. Noland	26 Jan. 1970
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
2 Feb. 1970	HMNT-10102	10APH 1970	

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
12 Jan 29		Exec Assistant, GS-13	MEXICO CITY Station	Tourist
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	
28 July 1967	16 Aug 1970	Will not go Hdqs unless requested	26 Oct 1970	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

none

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Subject wishes to remain overseas for a minimum of two more years to complete her 5 years overseas requirement.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-8)

1. During most of Subject's tour in Mexico she has been the Cuban IA. In this job she also handled some Cuban operational matters including two outside contract employees.
2. During this period she also handled some sensitive projects for the CCS.
3. During the last six months Subject has been Exec Asst to the CCS/DCOS concentrating on file and administrative reorganization of the Station.
4. Subject has had supervisory responsibility over one to three clerical/TDY staff for short periods.

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None

SECRET

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 enjoy both Administrative and Ops/IA work.

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.

3 ☐ EXTEND TOUR: 12 MONTHS AT CURRENT STATION TO Aug 1971 (DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

1 ☐ BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE Paris 2ND CHOICE _____ 3RD CHOICE _____

2 ☐ RETURN TO MY CURRENT STATION for 2nd tour.

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:

Would not stand in Subject's way, were she to be fortunate enough to get a Paris assignment. However with her long Mexico background (both Hdqs and field) and her multiple talents she has been invaluable in the reorganization of this highly complicated Station under changed circumstances, will continue to be so during the next several years and to lose her would be like losing one's right arm. Therefore we strongly endorse either a second tour or an extension.

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.

W1 Division recommends that subject return to Mexico City for a second tour.

DATE 11 Mar 70 TITLE C/Wd/Pars SIGNATURE Henry L. Borthold

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

New tour in Mexico City

15. EMPLOYEE NOTIFIED BY DISPATCH NO. 100-1770 DATED: 22 Mar 70

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____

SIGNATURE

SECRET

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of 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
BUSTOS-VIDELA PAULINE E 648-24-5138

1. RESIDENCE DATA

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

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE WASHINGTON DC. HOME LEAVE RESIDENCE DAYTON, OHIO

2. MARITAL STATUS (Check one)

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

IF MARRIED, PLACE OF MARRIAGE DAYTON, OHIO DATE OF MARRIAGE March 18, 1961

IF DIVORCED, PLACE OF DIVORCE DECREE NA DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED NA DATE SPOUSE DIED

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

NA.

3. MEMBERS OF FAMILY

NAME OF SPOUSE CESAR BUSTOS-VIDELA ADDRESS (No. Street, City, State, Zip Code) LAS AMERICAS UNIV., MEXICO CITY, MEXICO TELEPHONE NO.

NAMES OF CHILDREN ADDRESS SEX DATE OF BIRTH

NAME OF YOUR FATHER (Or male guardian) ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.

NAME OF YOUR MOTHER (Or female guardian) ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.

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

Am telling all my family - I am resigned 15 July 67.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) RELATIONSHIP

MRS. FFLAUMER, Mary Elizabeth (Mrs. Dale) SISTER

HOME ADDRESS (No. Street, City, State, Zip Code) HOME TELEPHONE NUMBER

576 LAKE FOREST DRIVE, EAT VILLAGE, OHIO 44140 216-871-0689

BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization by which you work full time)

my mother, I used to work for Govt. YES

IS THIS 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.)

lawyer in Ithaca, N.Y. state. Mrs. Dale Fflaumer may make person of attorney. YES

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES

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.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)-

B.

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.

*The National Bank of Washington, Dupont Circle Branch, Washington D.C.
joint account with husband
Columbia Federal Savings & Loan Assoc, 5301 Wise Ave. N.W. D.C.
joint account with husband.*

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☐ YES ☒ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☐ NO

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

*Answer: Mrs. John C. Bakken
Bakken, Barroff & Co.
1000 Vermont Ave. N.W.*

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?)

Mr. Accounting Director, The National Bank of Washington, D.C.

C.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

June 28 1967

Christine J. Bakken-Pedersen

CONFIDENTIAL

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)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
Bustos-Videla	Charlotte	Louise	January 12, 1929	069	24	3138
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			
007667						

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 STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

Charlotte J. Bustos-Videla

DATE

13 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
FEB 13 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JAN. 1968
(For use only until April 14, 1968)
176-101

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD														
TO: Office of Personnel, Transactions and Records Branch, Status Section														
SERIAL NO.		NAME												
		LAST			FIRST					MIDDLE				
1-8		(Print)			7-24									
007667		BUSTOS YDELA			CHARLOTTE					Z				
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. 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				CODE					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			37	38	39	MEXICO		
0	7	2	8	6	7				1			40-42 5 0		
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					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			37	38	39	40-42		
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA														
SOURCE DOCUMENT AND CERTIFICATION														
TRAVEL VOUCHER							DISPATCH							
CABLE							<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT							
OTHER (Specify)														
DOCUMENT IDENTIFICATION NO. FORM 764							DOCUMENT DATE/PERIOD 2 - 29 JULY 1967							
REMARKS ARRIVAL DATE REPORTED UNDER "OTHER REMARKS" ON DUTY STATUS REPORT.														
PREPARED BY			REPORT ANNOTATED AS CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
C & A DIVISION, CTSS.			DATE			SIGNATURE								
<input checked="" type="checkbox"/> C & T DIVISION			16 APR 1968			<i>[Signature]</i>								
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER														

SECRET

OFFICIAL USE ONLY (When Filled In)

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. 007067	2. NAME (Last First Middle) BUSTOSVIDELA C Z	3. SEX F	4. DATE OF BIRTH 01/12/29	5. SCHEDULE/GRADE/STEP GS-13-06
6. SO U	7. POSITION TITLE OPS OFFICER	8. OFFICE OF ASSIGNMENT WH	9. LOCATION (Country, City) MEXICO CITY, MEXICO	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
NO OVERSEAS SERVICE			
MEXICO CITY STATION	1st tour	27 JULY 1967	10 JUNE 1970
	2nd tour	1970 -	

OVERSEAS DATA
CODED
DATE: INITIALS: S
60 JUL 1970

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
BACH	ECONOMICS, GENERAL	SYRACUSE UNIV NY	50

SECRET

GROUP
Excluded from automatic
downgrading and declassification

SECRET

10-11-64

[illegible]

SECRET

. 7 .

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2.		NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST									
		BUSTOS-VIDELA, CHARLOTTE		A=ADD C=CHANGE D=DELETE		CODE	LAM. CODE	R	W	P	S	U	I/T	YEAR	
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAM. CODE	R	W	P	S	U	I/T	YEAR	10/17/72		01/12/29		13		NTH	
NOTICE TO PERSON TESTED															
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> RLIS AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)															
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS					
N		+		+		I+		H		0 = ZERO 1 = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE					
11. REMARKS										12. SIGNATURE					
"4" indicates test results. Speaking grade.										R24					
CL BY 017470 EX-2 IMPDET WISMI										13. LD NUMBER 20723					

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS

CONFIDENTIAL
(110-45) - ~~SECRET~~

~~GROUP 1~~
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - OP/QAB

11-64 EDITIONS
D-DIGITS MUST CONTAIN 20-DIGITS

1. DATE OF BIRTH			5. DATE CODED			THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.
MO	DA	YR	MO	DA	YR	
•			•			

LANGUAGE CODING DATA - FORM 444c														
1. ID		2. EMPLOYEE NO.		3. NAME		4. LANGUAGE DATA CODE								
◁ 3 •		•		3-LETTERS •		BASE CODE •		R	W	P	S	U	T	YR
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS)						
MO DA YR				MO DA YR										
•				•										

LANGUAGE PROFICIENCY TEST DATA														
1. IO	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
65	447667	BUS	C	BL18	i	i	H	i	i	4	67			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273. LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE				R	W	P	S	U	T	YR	MO	DA	YR	
BL18				N	i	H	i	H	4	72	14	17	72	

[illegible]

FROM 1962a

SECRET

GROUP 1
BRIEFING 1200 HRS 2/1/68

14-00000

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2.		NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST												
447667		RUSTOS-VIDELA, CHARLOTTE Z.		A=ADD C=CHANGE D=DELETE		CODE		LAN. CODE		R	W	P	S	U	I/T	YEAR		
5. LANGUAGE DATA AFTER TEST								6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION				
LAN. CODE		R	W	P	S	U	I/T	YEAR	06/22/67		01/12/29		-13		WH			
NOTICE TO PERSON TESTED																		
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> RL18 AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u>																		
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS		Q = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
I		CODED		H		I		I										
11. REMARKS										12. SIGNATURE								
FOR QUALIFICATIONS										13. LD NUMBER								
DATE 25 AUG 1967										14168								

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS

(10-45) **SECRET**

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - CP/QAS

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST									
65	467667	3-LETTERS BLS	C-A-D C	BASE CODE BL18	R	W	P	S	U	T	YR		
					H	I	H	H	N	4	67		
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2, THRU 7 IS						
BASE CODE				R	W	P	S	U	T	YR	NC	DA	YR
BL18				I	I	H	I	I	4	67	16	22	67
							EXTRACTED FROM FORM 127-1						
							LANGUAGE PROFICIENCY AND AWARDS DATA.						
							2 OCT 1967						

QUALIFICATIONS RECORD CHANGE

[illegible]

1962a

SECRET

GROUP 1

14-00000

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				7. IO NO
3. NAME (7-24) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG CODE (25-27)
7. DATE OF TEST (40-51)		8. ANNIVERSARY DATE		9. GRADE	10. DATE OF BIRTH	
11. REASON FOR TAKING TEST		12. TEST SCORES				
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
ESTABLISH SAIL LEVEL		H	I	II	III	IV
13. ELIGIBILITY (39)		14. TYPE OF AWARD				
A		ACHIEVEMENT (A)	ELEMENTARY (B)	READING (R) SPEAKING (S)	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)	
M		MAINTENANCE (M)	INTERMEDIATE (C)	COMPREHENSIVE (C)		
NA		A	E-I	C	V	
15. INELIGIBLE (REASON)				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ 1 (X), 00 (40-43)		
REMARKS				SIGNATURE		DATE
				17. I CERTIFY THAT FUNDS ARE AVAILABLE		
				OBIGATION REF. NO.	CHARGE ALLOTMENT NO.	
				SIGNATURE		

FORM 1273
5-60OBSOLETE PREVIOUS
EDITIONS

SECRET

(13-43)

MRD COPY

SECRET

RUC

**PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT**

THIS DATE

10 September 1957

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

ZEMRUNG, Charlotte L.

2. CURRENT ADDRESS (No., Street, City, Zone, State)

3817 Davis Place, N. W., Washington

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

5536 South Dixie Highway, Dayton 9, Ohio

4. HOME TELEPHONE NUMBER

Etn 2-1618

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Ohio

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

ZEMRUNG, Samuel Danford

2. RELATIONSHIP

Father

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

5536 South Dixie Highway, Dayton 9, Ohio

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

5536 South Dixie Highway, Dayton 9, Ohio. San Rae Gardens

5. HOME TELEPHONE NUMBER

MO 3-3511

6. BUSINESS TELEPHONE NUMBER

MO 3-3511

7. BUSINESS TELEPHONE EXTENSION

None

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including Annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) (Middle) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S. - DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHEN ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give to one employer, or if spouse is deceased or unemployed, list two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECRET

QUALIFICATIONS
DATE 11 JUL 1958
11 JUL 1958

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

71. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR

72. BRANCH OF SERVICE

73. COUNTRY WITH WHICH MILITARY SERVICE WAS PERFORMED

74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V

FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☒

YES

☐

NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.3. 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 ☒ NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

SECTION V CONTINUED TO PAGE 3

SECRET

2

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, 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. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. 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.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Aug 51 - 27 Apr 52	5	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	Secretary (Steno)	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Apr 52 - 27 Sept 53	7	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Intell Officer (Rpts)	
6. DESCRIPTION OF DUTIES		
All duties of Reports Officer		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Sept 53 - 10 Apr 55	9	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one to two	Reports Officer	
6. DESCRIPTION OF DUTIES		
Duties of Chief reports officer as		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
10 Apr 55 - June 1957	11	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one - two	Chief Reports Officer	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1957 - present	11	DDP/WH/III (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Reports Officer	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

3

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (20-33)	
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (39)			
AWARD		READING (34) WRITING (35) PRONUNCIATION (36) SPEAKING (37) UNDERSTANDING (38)		AWARDABLE		NOT AWARDABLE	
SKILL				A B C M			
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE				A-M E-I-M C R-W-B D-V			
DATE							
16. AMOUNT OF AWARD				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
\$ 100.00				OBLIGATION REF. NO. SIGNATURE			
18. FEDERAL TAX DEDUCTION				20. CHARGE ALLOTMENT NO. DATE			
\$							
19. STATE/DC TAX DEDUCTION				22. EMPLOYEE PAYROLL NO.			
\$							
21. NET AMOUNT OF AWARD				24. ALLOTMENT OF ASSIGNMENT			
\$							
23. FORWARD CHECK TO				25. CHECK NO. DATE			

FORM 1273 USE PREVIOUS EDITIONS

SECRET

(10-45) MRD COPY

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (20-33)	
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (39)			
AWARD		READING (34) WRITING (35) PRONUNCIATION (36) SPEAKING (37) UNDERSTANDING (38)		AWARDABLE		NOT AWARDABLE	
SKILL				A B C M			
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE				A-M E-I-M C R-W-B D-V			
DATE							
16. AMOUNT OF AWARD				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
\$ 100.00				OBLIGATION REF. NO. SIGNATURE			
18. FEDERAL TAX DEDUCTION				20. CHARGE ALLOTMENT NO. DATE			
\$							
19. STATE/DC TAX DEDUCTION				22. EMPLOYEE PAYROLL NO.			
\$							
21. NET AMOUNT OF AWARD				24. ALLOTMENT OF ASSIGNMENT			
\$							
23. FORWARD CHECK TO				25. CHECK NO. DATE			
WOL Sir on Mail							

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(11-6)		LANGUAGE DATA RECORD			
107667					
PART I-GENERAL					
1. NAME (Last-First-Middle)			2. DATE OF BIRTH		
(17-24)			(25-30)		
ZEHKUNG, Charlotte Louise			MONTH January	DAY 12	YEAR 1929
3. LANGUAGE		4. TODAY'S DATE		5.	
(21-32)		(33-38)		(39-40)	
Spanish 720		MONTH April	DAY 2	YEAR 1957	<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.					
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 FEW OR NO 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 PARTLY. 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.					
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)					
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 JOES 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	
<p>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. 23-115, 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.</p>	
DATE SIGNED	SIGNATURE
2 April 1957	<i>Carlota L. February</i>
(44)	(45)

HEADLINE: 17 Sept. 1952

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ZEHRLING, Charlotte L.
Name: Last, First Middle

JUL 1952

10

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

QUALIFICATIONS

DATE 10-8-52

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

George E. Meloon
George E. Meloon
Personnel Director

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PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) 7667	2. NAME: (last) (first) (middle) ZEHNING, Charlotte Luise	3. Office FI
4. Date of Birth 12 Jan. 1929	5. Sex: <u> </u> male (1) <u> x </u> female (2)	Martial Status <u> a </u> Nr. Dependents <u> 0 </u>
6. CIA Entry Date: August 1951	7. Citizenship: <u> x </u> U.S. <u> </u> Other	
8. Acquired By: (1) <u> x </u> Birth (2) <u> </u> Marriage (3) <u> </u> Naturalization (4) <u> </u> Other (specify) Year U.S. citizenship acquired, if not by birth <u> </u>		

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|--|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | <u> 6 </u> Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Syracuse University	Econ.	Span.	9/46	1/50	4		B. A.	1/50	115
San Carlos University	Span.		7/48	9/48					5

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Miami Jacobs Business College	5/50	12/50	7	typing and shorthand

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

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SEC. II. WORK EXPERIENCE.

1. **CIA Experience:** State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>4/52</u> To <u> </u> Tot. mos. <u> </u>	Description of Duties: I have the responsibility of disseminating and routing all reports received from our Station, take appropriate action on reports received from other agencies by forwarding this information to the Field or supplying requested data. I inform the Field of additional info at Headquarters on individuals and organizations as requested or as deemed necessary. I also maintain Duty Station, if overseas: two GE notebooks.
Grade <u>7</u> Salary <u>\$1205.00</u>	
Office <u>FI/WH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	
From <u>12/71</u> To <u>4/72</u> Tot. mos. <u>5</u>	Description of Duties: Same as above with a Sub-station. I had less individual responsibility.
Grade <u>5</u> Salary <u>\$940.00</u>	
Office <u>FI/WH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	Duty Station, if overseas:
From <u>11/61</u> To <u> </u> Tot. mos. <u>1</u>	Description of Duties: As a casual I typed dispatches, memoranda, and disseminations for Branch II. I took a limited amount of shorthand.
Grade <u>5</u> Salary <u>\$940.00</u>	
Office <u>FI/WH/II</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:
From <u>6/71</u> To <u> </u> Tot. mos. <u>1</u>	Description of Duties: I assembled disseminated reports.
Grade <u>5</u> Salary <u>\$940.00</u>	
Office <u>FI</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:

Two months in the pool attending classes and setting up filing system for Russia Index cards.

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SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1/51</u> To <u>3/51</u> Tot. mo's <u>2</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>3</u> Salary <u>\$2650.00</u>	Statistical draftsman
Number and Class of Employees Supervised: <u>none</u>	Description of Duties:
Employer <u>Department of Interior</u>	I did statistical drafting, cartography,
Kind of Business or organization (i.e., paper products mfr, public utility)	Mapping of historical and geological features, typing and other general office work.
	Duty Station if overseas:
From <u>5/50</u> To <u>3/51</u> Tot. mo's <u>11</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary 1.10 / hr.</u>	Description of Duties: As an assistant to the executives I was responsible for purchasing stock
Number and Class of Employees Supervised: <u>2 - 6 clerks</u>	for the gift shops and instructing clerks and greenhouse employees. I had full responsibility
Employer <u>Department of Defense</u>	of the books and cash. I made reports on the business and acted as sales clerk for the shops.
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Business and Gift Shops</u>	Duty Station if overseas: <u>and to a landscaping business</u>
From <u>2/50</u> To <u>1/50</u> Tot. mo's <u>4</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary \$200 / mo.</u>	Assistant Bookkeeper
Number and Class of Employees Supervised:	Description of Duties:
Employer <u>National Peanut Council</u>	I made monthly financial reports, had the responsibility of the books, did typing and other general office work.
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Trade association</u>	Duty Station if overseas:
From <u>5/49</u> To <u>8/49</u> Tot. mo's <u>3</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary</u>	Description of Duties: I worked one month
Number and Class of Employees Supervised:	in the office of the Chemical Laboratory and two months in the factory.
Employer <u>Frigidaire Co., Gen. Mfg. Co.</u>	Duty Station if overseas:
Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position
	Description of Duties:
From <u>To</u> Tot. mo's	
Classification Grade(if in Federal Service) <u>Salary</u>	
Number and Class of Employees Supervised:	
Employer	
Kind of Business or organization (i.e., paper products mfr, public utility)	
	Duty Station if overseas:

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SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | |
|--|--|
| 01 <input type="checkbox"/> U. S. Secret Service | 24 <input type="checkbox"/> Air Force A-2 |
| 02 <input type="checkbox"/> Civil Police | 25 <input type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police | 26 <input type="checkbox"/> Counter Intelligence Corps |
| 04 <input type="checkbox"/> U. S. Border Patrol | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U. S. Narcotics Squad | 28 <input type="checkbox"/> Strategic Services Unit |
| 06 <input type="checkbox"/> FBI | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div. | 30 <input type="checkbox"/> Central Intelligence Group |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information | 32 <input type="checkbox"/> Coordinator of Information |
| 23 <input type="checkbox"/> Army G-2 | 33 <input type="checkbox"/> Office of Facts & Figures |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare |
| | 35 <input type="checkbox"/> Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE					HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study (Inc. CIA training)
Spanish		X						X		X
French				X						X
Portuguese			X							X

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

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SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
South America	1 year econ and prog.			X
Guatemala	7/43 to 8/48	X		
Mexico	7/46		X	

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. drafts	2.	60	1. Yes 2. X No
Shorthand	1. none	2.	70	1. Yes 2. X No

Shorthand System: 1. X Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. painting, skiing

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

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SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken
typing, shorthand, general intelligence exam	8/1951
exam for reports officer	2/1952

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ___ (2) 4 year Tour ___ (3) Not interested ___

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

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1. Present Draft Status

Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification

2. Present Reserve or National Guard Status

Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. ☐ National Guard
2. ☐ Air National Guard
3. ☐ Active Reserve Status (member of organized unit)
4. ☐ Inactive Reserve Status

Service	Grade	Location
---------	-------	----------

Reserve Unit with which currently affiliated

Service Mobilization Assignment, if any _____

Location of Service Records, if known

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
Orientation course	2-11 Jan 1972	9-12 am

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

[illegible]

DATE 18 September 1952

SIGNATURE. *Wm. L. Brown*

SECRET

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, make this application in the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.			
1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR			
2. OPTIONS: (If mentioned in examination announcement)			
3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)	4. DATE OF THIS APPLICATION		
Washington, D. C.			
5. MR. MRS. MISS (First Name) (Middle) (Maiden, if any) (Last)			
Charlotte L. Zehring			
6. (A) STREET AND NUMBER OR R. D. NUMBER			
1401 - 16th St., N. W.			
(B) CITY OR POST OFFICE (including postal zone) AND STATE			
Washington, D. C.			
7. LEGAL OR USUAL RESIDENCE (State)			
Ohio			
8. (A) OFFICE PHONE (B) HOME PHONE			
RE 1820 NO 5450			
9. DATE OF BIRTH (month, day, year)			
1-12-29			
10. <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE			
11. PLACE OF BIRTH (City and State; if born outside U. S., name city and country)			
Dayton, Ohio			
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
13. (A) HEIGHT WITHOUT SHOES (B) WEIGHT			
5 FEET 8 INCHES 125 POUNDS			
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE			
15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$..... PER YEAR			
You will not be considered for any position with a lower entrance salary.			
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:			
<input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS			
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.			
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:			
<input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
16. PRESENT POSITION: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent relations, clubs, welfare or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described in the spaces below in its proper category.			
(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.			
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below "Present Position."			
17. PRESENT POSITION			
DATE OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (If in Federal Service)	SALARY OR FUNDING (If in Federal Service)
FROM: 4-51 TO PRESENT TIME	Statistical Draftsman	3	STARTING: 2050 PER YEAR. PRESENT: 1 PER
PLACE OF EMPLOYMENT (City and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Washington, D. C.	Mrs. Mildred Voorman		
NAME AND ADDRESS OF EMPLOYER (Name, organization, or division, if Federal; name, department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale retail, insurance agency, manufacture of books, etc.)	
Board of Geographical Names Department of Interior			
NUMBER AND KIND OF EMPLOYERS EMPLOYED BY YOU		REASON FOR LEAVING TO CHANGE EMPLOYMENT	
none			
DESCRIPTION OF YOUR WORK			
statistical drafting			
typing			
marking discriptics			

(CONTINUED ON NEXT PAGE)

71-14250-2

16 CONTINUED

② DATES OF EMPLOYMENT (month, year)
 FROM 5/50 TO 3/51
 EXACT TITLE OF YOUR POSITION Bookkeeper-Clerk
 CLASSIFICATION GRADE (if in Federal service)
 SALARY OR EARNINGS STARTING \$ 1.00 PER hr
 FINAL \$ 1.10 PER hr

PLACE OF EMPLOYMENT (city and State)
 Dayton, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR
 Mr. Ray F. McKechnie

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
 San Rae Gardens, R. A. 11 Dayton 9, Ohio

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of books, etc.)
 Nursery and Gift Shoppe

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU
 2 - 6 clerks

REASON FOR LEAVING
 New Job

DESCRIPTION OF YOUR WORK

Bookkeeper
 Clerk

Made reports on stock and ordered wholesale

Made reports for the executives on the business, finances, etc.

③ DATES OF EMPLOYMENT (month, year)

FROM 2/50 TO 5/50

EXACT TITLE OF YOUR POSITION

Ast. Bookkeeper

CLASSIFICATION GRADE

(if in Federal service)

SALARY OR EARNINGS

STARTING \$ 2.00 PER MO
 FINAL \$ 2.00

PLACE OF EMPLOYMENT (city and State)

Washington, D. C.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Mr. William F. Seals, Pres.

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

National Peanut Council

1111 Dupont Circle, N.W.

Washington, D. C.

Trade Association

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

none

REASON FOR LEAVING

New Job

DESCRIPTION OF YOUR WORK

Bookkeeping

Filing

General office work

Financial reports

④ DATES OF EMPLOYMENT (month, year)

FROM 6/47 TO 8/47

EXACT TITLE OF YOUR POSITION

CLASSIFICATION GRADE

(if in Federal service)

SALARY OR EARNINGS

STARTING \$ PER PER

PLACE OF EMPLOYMENT (city and State)

Dayton, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Mr. Herbert Hauldorn Personnel

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

Fridolite, Plant 2

Dayton 9, O

Manuf. of Fridolite

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

none

REASON FOR LEAVING

return to college

DESCRIPTION OF YOUR WORK

Secretary in Chemical Lab.

Worked in factory

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
---	--	-----	----	---	--	-----	----

28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?

<p>If your answer to question 27, 28, or 29 above is "yes," state</p>	<p>YES</p>	<p>NO</p>
---	------------	-----------

10. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION?

25. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE AND STATEMENT ONLY OF ONE PAYMENT MADE IN A MONTH OR A YEAR

1 HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION

DO YOU HAVE ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY?

DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR INSURANCE

SPACE FOR ANSWERS PERTAINING TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

1

100-443887-1000

Before signing this application check back over it to make sure that you have answered ALL questions correctly.
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge.

is punishable by Law (U. S. Code, 18 U.S.C. 1001)

U.S. DEPARTMENT OF AGRICULTURE

As of 5 July, 1951, Subject's
Washington address is

3817 Davis place, N.W.
phone - ORduay 1618

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? yes
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone:
Office RE 1820
Ext. 4691
Home NO 5450

A. FULL NAME Miss Charlotte Louise Zehring
(Last) (First) (Middle) (Last)

PRESENT ADDRESS 1401-16th St., N. W. Washington, D. C. USA
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS San Rae Gardens, Dayton 9, Ohio RR-11 USA
(St. and Number) (City) (State) (Country)

B. NICKNAME Sherry WHAT OTHER NAMES HAVE YOU USED? none

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? started to use it at school

HOW LONG? 5 YES IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH 1/12/29 PLACE OF BIRTH Dayton Ohio USA
(City) (State) (Country)

D. PRESENT CITIZENSHIP USA BY BIRTH? yes BY MARRIAGE? no
(Country)

BY NATURALIZATION CERTIFICATE NO. no ISSUED no BY no
(Date) (Country)

AT no
(City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? no
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? no TO no ANY OTHER NATIONALITY?
(Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? no GIVE PARTICULARS:

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA _____
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 22 SEX F HEIGHT 5' 8" WEIGHT 125
 EYES blue HAIR brown COMPLEXION med. SCARS none
 BUILD slender OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE X MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (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.)

NAME OF SPOUSE _____
(First) (Middle) (maiden) (Last)

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)DATE OF BIRTH _____ PLACE OF BIRTH _____
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
(City) (State) (Country)

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents): none

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Samuel Danford Zehrung
(First) (Middle) (Last)
LIVING OR DECEASED living DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1/23/1892 PLACE OF BIRTH Roseville, Ohio USA
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? _____
(City) (State) (Country)
OCCUPATION Landscape Architect LAST EMPLOYER own employer - over 20 yrs.
EMPLOYER'S OR OWN BUSINESS ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
(Date) (Date)
COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Hazel Charlotte Jackson Zehrung
(First) (Middle) (Last)
LIVING OR DECEASED living DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 10/17/1896 PLACE OF BIRTH Montague, Michigan USA
(City) (State) (Country)
CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? _____
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____

(4)

OCCUPATION housewife LAST EMPLOYER Detroit Board of Education 1927
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)
 MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----
 COUNTRY ----- DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN -----

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME Nancy Zehrun AGE 21
(First) (Middle) (Last)
 PRESENT ADDRESS Verity Hall, Middletown Hospital, Middletown, Ohio, USA
(St. and Number) (City) (State) (Country) (Citizenship)
 2. FULL NAME Dorothy Jon Zehrun AGE 17
(First) (Middle) (Last)
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country) (Citizenship)
 3. FULL NAME Mary Elizabeth Zehrun AGE 16
(First) (Middle) (Last)
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country) (Citizenship)
 4. FULL NAME _____ AGE _____
(First) (Middle) (Last)
 PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)
 5. FULL NAME _____ AGE _____
(First) (Middle) (Last)
 PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
(City) (State) (Country)
 OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME
(First) (Middle) (Last)
 LIVING OR DECEASED DATE OF DECEASE CAUSE
 PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH PLACE OF BIRTH
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
 CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
 OCCUPATION LAST EMPLOYER

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master
(St. and Number) (City) (State) (Country)
 2. NAME distant relatives in Sweden RELATIONSHIP N.Y., N.Y.
Grandparents on Mother's side came from Sweden
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
 3. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master
(St. and Number) (City) (State) (Country)
N.Y., N.Y.
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Director of Maintenance HI USA FE
 2. NAME Major Jack Macklin RELATIONSHIP cousin AGE 31
 CITIZENSHIP USA ADDRESS Washington, D. C. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Pentagon, Washington, D. C.
 3. NAME Mrs. Elsie Dickert RELATIONSHIP Aunt AGE 55
 CITIZENSHIP USA ADDRESS 314 N 29th St. Billings, Mont. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Social work - Dept. of Interior

(6)

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR Administrative position with Latin America, Economist, Statistician, or temporarily as a Stanographer.

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,100
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY X
FREQUENTLY _____, CONSTANTLY _____

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X
ANYWHERE IN THE UNITED STATES _____, OUTSIDE THE UNITED STATES X

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

SEC. 13. EDUCATION

ELEMENTARY SCHOOL West Carrollton ADDRESS West Carrollton, O. USA
(City) (State) (Country)

DATES ATTENDED 1933 - 1944 GRADUATE? yes

HIGH SCHOOL Oakwood High School ADDRESS Dayton 9, Ohio USA
(City) (State) (Country)

DATES ATTENDED 1944 - 1946 GRADUATE? yes

COLLEGE Syracuse University ADDRESS Syracuse, New York USA
(City) (State) (Country)

MAJOR AND SPECIALTY Economics & Spanish YEARS COMPLETED 4

DATES ATTENDED 1946 - 1950 DEGREE BA

COLLEGE Universidad de San Carlos ADDRESS Guatemala City, Guatemala C.A.
(City) (State) (Country)

MAJOR AND SPECIALTY Spanish YEARS COMPLETED 5 credits

DATES ATTENDED summer 1948 DEGREE none given

CHIEF UNDERGRADUATE COLLEGE SUBJECTS economics - statistics

Spanish grammar and literature

CHIEF GRADUATE COLLEGE SUBJECTS _____

Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE none

(Country)	(Service)	(Rank)	(Dates of Service)
(Last Station)	(Serial Number)	(Type of Discharge)	
REMARKS:			
SELECTIVE SERVICE BOARD NUMBER ADDRESS			
IF DEFERRED GIVE REASON			
INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS			

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 4/51 TO CLASSIFICATION GRADE 3
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Board of Geographic Names
Interior Bldg.
ADDRESS C & 18th Sts., N. W. Washington, D. C. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS NAME OF SUPERVISOR Mrs. Mildred Moorman
TITLE OF JOB Statistical Draftsman
SALARY \$ 2,050 PER Yr.
YOUR DUTIES drawing descriptions, drafting, typing

REASONS FOR LEAVING better position more in my interests

FROM 5/50 TO 4/51 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY San Lee Gardens, Inc.
ADDRESS Box 240 Dayton 9, R. R. 11 Ohio USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS nursery NAME OF SUPERVISOR Ray McKeechie
TITLE OF JOB clerk SALARY \$ 1.10 PER hr.
YOUR DUTIES bookkeeping, typing, clerking, making financial reports, ordering wholesale, making floral arrangements

REASONS FOR LEAVING to take a job more in line with my training

(8)

FROM 2/50 TO 5/50 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY National Peanut Council
ADDRESS 1111 Dupont Circle Building, Washington, D. C. USA
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS Trade Assoc. NAME OF SUPERVISOR Mr. William F. Seals
TITLE OF JOB Asst. Bookkeeper SALARY \$ 200 PER mo.
YOUR DUTIES bookkeeping, filing, general office work, financial reports

REASONS FOR LEAVING return home to help my father in his business

FROM 6/47 TO 8/47 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Frigitaria, General Motors
ADDRESS Plant # 2 Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS manuf. NAME OF SUPERVISOR Mr. Herbert Halderman
TITLE OF JOB _____ SALARY \$ _____ PER _____
YOUR DUTIES office work in the chemical laboratories
work in the factory proper

REASONS FOR LEAVING return to college

FROM 4-48 TO 5-48 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Grants 5/10 Store
ADDRESS Syracuse, New York USA
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS 35079 NAME OF SUPERVISOR _____
TITLE OF JOB clerk SALARY \$ _____ PER _____
YOUR DUTIES waited on customers in the flower department

REASONS FOR LEAVING just a part-time temporary position for Easter

14-00000

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish SPEAK fluent READ fluent WRITE fluent

LANGUAGE French SPEAK slight READ fair WRITE fair

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU; INDICATE DEGREE OF PROFICIENCY IN EACH:

Art-drawing, painting, crafts, studied at school - good

Swimming, good; Reading; Knitting, good; Basketball, fair;

tennis, fair

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

I have spent a summer in Guatemala, living with a Guatemalan family, learning the life and ways of a Spanish family and city.

I have quite a complete knowledge of the florist business from helping my father over a period of about 8 years.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 60. SHORTHAND 70

(19)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC. NO

IF YES, INDICATE KIND OF LICENSE AND STATE _____

FIRST LIC. OR CERTIFICATE (YR) _____ LATEST LIC. OR CERTIFICATE (YR) _____

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

3-I did a lot of extemp and declamation work in public speaking

contests in high school. I am a member of the National Forensic
League.

4-I received a partial scholarship from Chapel at Syracuse
University

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NO

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. John Lewis	BUS. ADD. Oakwood High School,	Dayton	Ohio
	RES. ADD. NA		
2. Mr. Herbert Holderman	BUS. ADD. Frigidaire Plant 2,	Dayton 9	Ohio
	RES. ADD. 11 Winding Way,	Dayton 9	Ohio
3. Mr. Albert F. Kuhl, M.D.	BUS. ADD. Harries Bldg.	Dayton	Ohio
	RES. ADD. NA		
4. Mr. George Pohlmeier	BUS. ADD. NA		
	RES. ADD. 96 Winding Way,	Dayton	Ohio
5. Miss Katherine Smith	BUS. ADD. NA		
	RES. ADD. 59 Wiltshire	Dayton 9	Ohio

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Miss Theodosia Moran	BUS. ADD. NA		
	RES. ADD. R. R. 2	Cazanovia	N. Y.
2. Mrs. Ed Eastin	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. Pease Ave.,	West Carrollton	Ohio
3. Miss Betty Hollis	BUS. ADD. Arlington Arx,	Arlington	Va.
	RES. ADD. 1401-16th St.,	N. W. Washington	DC
4. Mr. Harry Schwartz	BUS. ADD. Univ. of Syracuse,	Syracuse	N. Y.
	RES. ADD. NA		
5. Mr. Walter Bohm	BUS. ADD. Winter's National bank,	Dayton	O.
	RES. ADD. 259 Greenmont Blvd.	Dayton 9	O.

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. Ray F. McKechnie	BUS. ADD. San Rae Gardens,	Dayton 9	Ohio
	RES. ADD. same		R. R. 11
2. Miss Sheila Dewey	BUS. ADD. NA		
	RES. ADD. Box 303	Sponcer	N. Y.
3. Miss Marilyn Morris	BUS. ADD. NA		
	RES. ADD. 611 Abbott St.	Highland Park	N. J.

School neighbors {

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ... YES. IF NOT, STATE SOURCES OF OTHER INCOME

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

West Carrollton Bank—West Carrollton, Ohio

Washington Loan and Trust Co., Washington, D. C.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? no
GIVE PARTICULARS, INCLUDING COURT: _____

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME Meridian Hill Hotel ADDRESS 2601-16th St. NW Washington DC
(St. and Number) (City) (State)
2. NAME Mrs. Blick ADDRESS 1401-16th St. NW Washington DC
(St. and Number) (City) (State)
3. NAME Delta Gamma Sorority ADDRESS 901 Walnut Ave., Syracuse NY.
(St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM 4-1-51 TO Present 1401-16th St., N.W. Washington, D.C. USA
(St. and number) (City) (State) (Country)
FROM 5-50 TO 4-51 San Rae Gardens, Dayton 9, Ohio USA
(St. and number) (City) (State) (Country)
FROM 2-50 TO 5-50 2601-16th St., NW Washington, D.C. USA
(St. and number) (City) (State) (Country)
FROM 9-48 TO 2-50 901 Walnut Ave., Syracuse, N. Y. USA
(St. and number) (City) (State) (Country)
FROM 9-46 TO 9-48 two cottages of Syracuse Univ, Syracuse USA
(St. and number) (City) (State) (Country)
FROM 7-48 TO 8-48 9 C.P. # 30 Guatemala City, Guatemala
(St. and number) (City) (State) (Country)
FROM time before this TO San Rae Gardens, Dayton 9, Ohio USA
(St. and number) (City) (State) (Country)
FROM _____ TO _____
(St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 7-46 TO --- Mexico City Mexico tourist
(City or section) (Country) (Purpose)
FROM 7-48 TO 8-48 Guatemala City Guatemala student
(City or section) (Country) (Purpose)
FROM _____ TO _____
(City or section) (Country) (Purpose)
FROM _____ TO _____
(City or section) (Country) (Purpose)
FROM _____ TO _____
(City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Delta Gamma - Rho 901 Walnut Ave., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1947-50 active - 1950 to present inactive
2. Spanish Club Syracuse Univ., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1947 - 8 - 9
3. Economics Club Syracuse Univ., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1948 - 9 - 50
4. Westminster Presbyterian Church Dayton 9, Ohio USA
5. Brownies Grade School West Carrollton, Ohio USA

10. Girl Scouts - High School - West Carrollton, Ohio USA
11. Homeaddon - Westminister Presbyterian Church - Dayton 9, O. USA
1943-4
12. Alumni Association of Syracuse Univ, Syracuse, N. Y. USA
1950-
4. International Relations Club - Syracuse Univ, Syracuse N.Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1946-7-8-9
5. 2nd & 1st Cabinet - Chapel - Syracuse Univ., Syracuse, N.Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1948-9
6. National Forensic League - Oakwood High School, Dayton 9, O. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6 active
7. Sigma Theta Phi - Dayton 9, Ohio USA high school sorority
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6

Sec. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

NO

IF "YES," EXPLAIN: _____

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT
an occasional drink at dinners and parties
EXTENT? _____

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NPA & EPA; Atomic Energy Commission; Council of
Economic Advisors; Board of Geographic Names

(14)

IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Board of Geographic Names 4-1-51

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Samuel D. Zehrung RELATIONSHIP father

ADDRESS San Rae Gardens, R. R. 11 Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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. IF NOT, ANSWER "NO."

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Washington, D. C. DATE May 25, 1951
(City and State)

Betty L. Hallie
(Witness)

Charlotte L. Zehrung
(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

Sec. 11 - Mr. Jim Zohrungs, Sr. Unclo. 61

USA 1210 Wilson Dr., Dayton, Ohio USA

Mechanical Engineer - Wright Air Field,

Dayton, Ohio

CONFIDENTIAL
SECURITY APPROVAL

*File
med*

Date: 16 Oct. 1951

*70T-32
Dm*
To: Chief, Covert Personnel Division

Your Reference: L2419

From: Chief, Security Division

Case Number: 56840

SUBJECT: ZEHRUNG, Charlotte Louise

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the ZOD procedures.

*m-l
25 Oct
100*

*Pool net
10/18*

*Av. net.
10/18*

10/18

C. V. Broadley
C. V. BROADLEY

CONFIDENTIAL

gm

CONFIDENTIAL

INTEROFFICE MEMORANDUM

Date: 4 August 1951

TO: Chief, Covert Personnel Division

FROM: Chief, Security Division

SUBJECT: ZEHRUNG, Charlotte Louise 56840

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Notified
8 Aug*

C. V. Broadley
C. V. BROADLEY

cm

CONFIDENTIAL

P

DEPARTMENT
OF
INTERIOR

1-708

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF PERSONNEL
WASHINGTON, D. C.

Date of Action

Journal

Re Miss Charlotte L. Lehman
San Rosa Gardens, R.R. 11
Dayton 9, Ohio

0000 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000

INDEFINITE APPOINTMENT

Effective Date: April 2, 1951

(Miss Lehman)

	From	To
Position		Statistical Draftsman
Grade and Salary		GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography
Headquarters		Washington, D. C.
Departmental or Field		Departmental

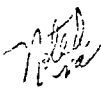
O. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

(SGD) THOMAS M. TELLER



Martha E. Reid
Chief, Administrative Branch

Personnel Officer
Signed, THOMAS M. TELLER
Office of the Secretary

Appropriation Title: Miscellaneous Working Fund, Interior, Board on
Geographic Names, Salary, 1951.

JUSTIFICATION (Cite authority or external reason for the action recommended)

Miss Lehman has been selected for appointment from Civil Service Certification No. 551.

Her Civil Service papers, medical certificate, and Form 75 for pre-employment loyalty check are attached.

Attachments.

Social Security No. 069-24-3138

Permanent

CERTIFICATE OF
OFFICIAL LEGAL AUTHORITY
GS Certificate No.
H-2590 dated 1/16/51.
C.S. Reg. 2.115

Appropriation

Regular

Date of Birth: 1/12/29
Local Residence: Ohio

Sex: F Race: W

VETERAN'S PREFERENCE

Yes: No: X

LAST STATUS CHANGE OR APPOINTMENT

From: To:

Effective:

Yes: No: X

NATURE OF POSITION

Voc: X Ad: Medical

Name: Martha E. Reid

GS-1533-3-504

Department: Interior

Date of Appointment

Date of Report: 2/11/51

Date of Action: 2/11/51

Date of Approval: 2/11/51

Date of Signature: 2/11/51

Date of Filing: 2/11/51

Date of Issuance: 2/11/51

Date of Delivery: 2/11/51

Date of Receipt: 2/11/51

Date of Acknowledgment: 2/11/51

Date of Completion: 2/11/51

Date of Final Review: 2/11/51

Date of Archiving: 2/11/51

Date of Destruction: 2/11/51

Date of Retention: 2/11/51

Date of Disposal: 2/11/51

Date of Transfer: 2/11/51

Date of Relocation: 2/11/51

Date of Reassignment: 2/11/51

Date of Reappointment: 2/11/51

Date of Reemployment: 2/11/51

Date of Reinstatement: 2/11/51

Date of Reentry: 2/11/51

Date of Reexit: 2/11/51

Date of Reimport: 2/11/51

Date of Reexport: 2/11/51

Date of Reentry: 2/11/51

Date of Reexit: 2/11/51

Date of Reimport: 2/11/51

Date of Reexport: 2/11/51

Date of Reentry: 2/11/51

Date of Reexit: 2/11/51

Date of Reimport: 2/11/51

Date of Reexport: 2/11/51

Date of Reentry: 2/11/51

Date of Reexit: 2/11/51

Date of Reimport: 2/11/51

Date of Reexport: 2/11/51

Date of Reentry: 2/11/51

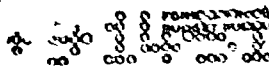
Date of Reexit: 2/11/51

Date of Reimport: 2/11/51

Date of Reexport: 2/11/51

BUREAU NOTIFICATION COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF THE SECRETARY



NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Charlotte L. Lehman		2. DATE OF BIRTH 1/12/29	3. JOURNAL OR ACTION NO.	4. DATE
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) (To except Recepted Appt. Separation with Intelligence FROM Agency)		6. EFFECTIVE DATE 8/28/51	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Statistical Draftsman (GS-1633-3-603) GS-3, \$2950.00 per annum Office of the Secretary Division of Geography Research Branch Washington, D. C.		8. POSITION TITLE	9. SERVICE, GRADE, SALARY	
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS Any leave remaining to your credit will be transferred. Separated without reemployment rights.				
<div style="text-align: right;"> <i>Thomas H. Tuller, Personnel Officer</i> 14. SIGNATURE OF OFFICIAL AUTHENTICATING </div>				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONS <input type="checkbox"/> 10 POINT <input type="checkbox"/> 5 POINT <input type="checkbox"/> 10000 <input type="checkbox"/> 1000 <input type="checkbox"/> 100 <input type="checkbox"/> 10 <input type="checkbox"/> 1		NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
17. SEX <input type="checkbox"/> M <input type="checkbox"/> F		18. APPROPRIATION FROM 1483901.003 Working TO Dept, Interior, Office of the		19. SUBJECT TO C. & R. RETIREMENT ACT (YES—NO)
		20. DATE OF OATH (ACCESSIONS ONLY)		21. LEGAL RESIDENCE Ohio (claimed)

4. PERSONNEL FOLDER COPY

Give this card to the
APPOINTMENT CLERK
at the
PHS OUTPATIENT CLINIC
4th and C Streets SW.
Rm. 8130 Apt. 828
(or Code 116)

323718	
FIRST	LAST NAME
1. Charlotte	L. Zehrung
POSITION TITLE	
2. Statistical Draftsman	

3. DATE OF BIRTH 1/29/29 HAS AN APPOINTMENT ON _____ AT _____ A.M.
(Date) (Time) P.M.

AT THE SERVICE CHECKED BELOW.

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| 4 <input type="checkbox"/> PHOTOFLUOROGRAPH | 8 <input type="checkbox"/> OB-GYN | 12 <input type="checkbox"/> RADIOLOGY | 16 <input type="checkbox"/> NUTRITION |
| 5 <input type="checkbox"/> MEDICAL EXAMINATION | 9 <input type="checkbox"/> PHYS. MED. | 13 <input type="checkbox"/> HOD-ING. | 17 <input type="checkbox"/> MENTAL HEALTH |
| 6 <input type="checkbox"/> LABORATORY | 10 <input type="checkbox"/> SURGICAL | 14 <input type="checkbox"/> DENTAL | 18 <input type="checkbox"/> DERMATOLOGY |
| 7 <input type="checkbox"/> MEDICAL | 11 <input type="checkbox"/> PEDIATRIC | 15 <input type="checkbox"/> EXAM. | |

13. ☐ OTHER (Specify)

20. CLINIC REGISTER NO.

21. NAME OF CLINIC

STANDARD FORM NO. 100-101
F. P. M. CHAPTER 31

MEDICAL APPOINTMENT AND REPORT

2 26 79

APPOINTMENT AFFIDAVITS

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

Interior Office of Secretary Washington, D.C.
(Department or agency) (Bureau or division) (Place of employment)
Geography

I, Charlotte L. Zehring, 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 a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 52, dated February, 1950, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Charlotte L. Zehring
(Signature of Appointee)

Subscribed and sworn before me this 2 day of April, A. D. 1951

at Washington D.C.
(City) (State)

[SEAL]

act of June 26, 1943
sec. 206
Ethel S. Covell
(Signature of Officer)
Clerk, Division of Geography
(Title)

NOTE.--If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

1401 16th St., N.W. - Washington, D.C.

2. (A) DATE OF BIRTH

1/12/29

(B) PLACE OF BIRTH (city or town and State or country)

Dayton, O., U.S.A.

2. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

Samuel D. Zehrung

(B) RELATIONSHIP

Father

(C) STREET AND NUMBER, CITY AND STATE

San Red Gardens, PER 11

(D) TELEPHONE NO.

WA 5831

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 blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

B. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

8. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer is "Yes", give details in Item 10.

1. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY OTHER MILITARY ACT OR ANY PENSION OR OTHER BENEFIT FROM THE UNITED STATES GOVERNMENT?

X

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and state, if retired from military or naval service.

8. HAVE YOU EVER BEEN DISCHARGED OR DETACHED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY EMPLOYMENT?

X

If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.

9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED OF ANY CRIME OR IMPRISONED OR PLACED UNDER PROBATION OR OTHER PENALTY FOR VIOLATION OF ANY LAWS OR REGULATIONS OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?

X

If your answer is "Yes", list all such cases under Item 10, line in each case: (1) The date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any; or other disposition of the case. If appointed, your fingerprints will be taken.

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and with the Congress pertaining to appointments.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee*—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the physical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment should not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. If an appointee of permanent position is a veteran, preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

UNITED STATES DEPARTMENT OF THE INTERIOR
DIVISION OF PERSONNEL SUPERVISION AND MANAGEMENT
WASHINGTON, D. C.

Date of Action

Journal

Re: Miss Charlotte L. Zehrung
San Rae Gardens, R.R. 11
Dayton 9, Ohio

INDEFINITE APPOINTMENT

Effective Date:

~~Indefinite~~

	From	To
Position		Statistical Draftsman
Grade and Salary		GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography <i>Research Branch</i>
Headquarters		Washington, D. C.
Departmental or Field		Departmental

O. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

OFFICE OF PERSONNEL
RECEIVED

FEB 15 1951

R.S.M.

(SGD) THOMAS H. TELLIER

Signed *Thomas H. Tellier*

Appropriation Title: U, 15004.001 Working Fund, Interior, Board on Geographic Names, Sundry, 1951.

JUSTIFICATION: (Continue on back or attach reasons for the action recommended.)

Miss Zehrung has been selected for appointment from Civil Service Certificate H-2580.

Her Civil Service papers, medical certificate, and Form 65 for pre-appointment loyalty check are attached.

Attachments.

*146 mod. 3/15/51
Per appt. loyalty check
O.K.*

DEPARTMENTAL ACTION COPY

Permanent

CIVIL SERVICE OF
OFFICE OF LEGAL AUTHORITY
CS Certificate No.
H-2580 dated 1/16/51.
C.S. Reg. 2.115

Appropriation

Regular

Date of Birth: 1/12/29 Local Residence: Ohio

Sex: F Race: W

VETERAN'S PREFERENCE

Yes: No: X
LAST STATUS CHANGE
OR APPOINTMENT

From: To:

Effective:

Let
Effective Date
NATURE OF POSITION

Vice: X Add. Identical:

Name: Martha E. Reid
GS-1533-3-504

Reallocation: New:

Other Change:
SUBJECT TO RETIREMENT

Yes: No: X
DATE THIS ACTION INITIATED

2/11/51

ADMINISTRATIVE
AUTHORITY FOR ACTION

Recommending Officer:

Thomas H. Tellier

Belton

Bussell

Director of Personnel

Organization

3/15

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

Recommendation

Form 65

STANDARD FORM 88
Prescribed by
August 4, 1947, by
Civil Service Commission
(Circular 12, F.T.M.)

REQUEST FOR REPORT OF LOYALTY DATA ON APPLICANTS AND APPOINTEES

THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES
WHOSE RECORD CHECKS AND INQUIRIES ARE CONDUCTED
BY CIVIL SERVICE COMMISSION
(PART 1—EXECUTIVE ORDER 9835)

CASE SERIAL NO.
(Use only)

TO:

The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any loyalty information contained in your files. (The fingerprints of this person are attached.)

1. FULL NAME (Initials and
surnames of full name
are not acceptable)

(Surname)

(Given name)

(Middle or other name)

Zehring

Charlotte

Louise

2. ALIASES AND NICKNAMES

Sherri

3. DATE OF THIS REQUEST

2/14/51

4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, woman's certificate of identification, alien registration number, Social Security number, etc. Specify which)

Social Security No. 067-24-3138

5. PLACE OF BIRTH

Dayton, Ohio

6. DATE OF BIRTH

Jan. 12, 1929

7. TITLE OF POSITION

Statistical Draftsman SENS
(Division of Geography)

8. SEX

☐ MALE
☒ FEMALE

9. MARITAL STATUS

☒ SINGLE
☐ MARRIED

10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH

None

11. DATE OF APPOINTMENT
APPL

12. TYPE OF APPOINTMENT
☒ ~~PERMANENT~~
(to Civil Service or other legal authority)

☐ EXCEPTED

☐ TEMPORARY

13. ORGANIZATIONS WITH WHICH AFFILIATED, OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS

Delta Gamma Sorority

14. DATES AND PLACES OF RESIDENCE FOR THE LAST 10 YEARS

From	To	Street	City	State
9/11	9/16	San Ras Gardens R. R. 11	Dayton	Ohio
9/16	6/17	901 Walnut Ave.	Syracuse	N. Y.
6/17	9/17	San Ras Gardens	Dayton	Ohio
9/17	6/18	901 Walnut Ave.	Syracuse	N. Y.
7/18	8/18	33 Myer's Falls Boulevard	Guatemala City	Guatemala C.A.
8/18	6/19	901 Walnut Ave.	Syracuse	N. Y.
6/19	7/19	San Ras Gardens	Dayton	Ohio
7/19	1/20	901 Walnut Ave.	Syracuse	N. Y.
2/20	5/20	301 - 16th St., N. W.	Washington	D. C.

15. DATES, NAMES AND ADDRESSES OF EMPLOYERS FOR THE LAST 10 YEARS

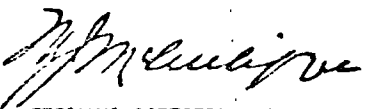
Date	Name	Address
Unemployed prior to 6/17	Unemployed	
6/17	9/17	Freightline Plant #2 Dayton 9, Ohio
9/17	1/18	Unemployed
1/18	5/18	Grants Disc Store (part-time) Syracuse, N. Y.
5/18	6/19	Unemployed
6/19	9/19	San Ras Gardens, R. R. 11 Dayton, Ohio
9/19	2/50	Unemployed
2/50	5/50	National Peanut Council Washington, D. C.
5/50	pres.	San Ras Gardens Dayton, Ohio

16. THIS AGENCY HAS LOYALTY INFORMATION ON FILE OR IS FURNISHING IT TO THE AGENCIES INDICATED BELOW

AGENCY WHICH MADE THE LOYALTY CHECK	DATE OF REPORT	REMARKS
None		

17. THIS SPACE RESERVED FOR RETURN REPORT TO AGENCY WHERE NO DEROGATORY INFORMATION IS DEVELOPED

18. NAME AND ADDRESS OF REQUESTING AGENCY
Personnel Officer
Office of the Secretary
Department of the Interior
Washington 25, D. C.

UNITED STATES CIVIL SERVICE COMMISSION DIRECTOR FOURTH U. S. CIVIL SERVICE REGION TEMPORARY BUILDING "R" 3RD & JEFFERSON DRIVE, S. W. WASHINGTON, D. C. PREAPPOINTMENT LOYALTY CHECK MAR 15 1951 PRELIMINARY REPORT OF CLEARANCE ON INITIAL CHECK		CASE SERIAL NO. 11-11-11-11 4-51-81558-5005 2. DATE OF "THIS REPORT" 3/14/51 3. PROPOSED ACTION APPL 4. COMPETITIVE 5. EXCEPTED 4/7/51 7. DATE OF BIRTH 1/12/29
Personnel Officer Office of the Sec'y Dept. of the Interior Wash. 25, D.C. PERSONAL AND CONFIDENTIAL		
6. NAME (Last, first, middle) ZIMMING, Charlotte Louise (Mrs. Sherri)		
8. PROPOSED POSITION, ORGANIZATIONAL DESIGNATION, AND PLACE OF EMPLOYMENT Statistical Draftsman, Port. of Int. Off. of Sec'y, DC		
<p>Preappointment loyalty check has been made on the above applicant for a 'sensitive' position, pursuant to Chapter 42 of the Federal Personnel Manual. This check revealed no derogatory information regarding this person's loyalty.</p> <p>No further papers are required if the proposed action is the appointment of a person employed by another agency and you have determined from the losing agency that the appointee or incumbent check has been completed.</p> <p>For any other type of appointment action, please submit to this office within three working days after the appointee enters on duty (1) application, (2) file covering any investigation or inquiry conducted by your agency on a preappointment basis, and (3) Standard Form 87 (fingerprint chart) unless fingerprint search has already been made as shown by item 9A below.</p>		
9A. FINGERPRINT SEARCH HAS BEEN COMPLETED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.		
B. FINGERPRINTS WERE NOT SUBMITTED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.		
C. FINGERPRINTS WERE UNCLASSIFIABLE. YOU MAY EITHER (1) MAKE THE APPOINTMENT AT ONCE AND SUBMIT REPRINTS WITH THE OTHER ACQUIRED PAPERS, OR (2) WITHHOLD APPOINTMENT AND SUBMIT REPRINTS SEPARATELY FOR COMPLETION OF FINGERPRINT SEARCH BEFORE YOU DECIDE WHETHER TO APPOINT.		
UNCLASSIFIABLE FINGERPRINTS <input type="checkbox"/> ARE ATTACHED, <input type="checkbox"/> WILL BE FORWARDED ON RECEIPT FROM OUR CENTRAL OFFICE.		
Please use the copy of this notice for your transmittal or reply. Space has been provided on the back for your convenience. A reply is required, even though it may not be necessary to transmit forms in this case.		
 REGIONAL DIRECTOR		

TO: DIRECTOR,

U. S. CIVIL SERVICE REGION

1. Forms attached as requested. Proposed personnel action effected April 9, 1951
2. Forms not submitted because proposed personnel action dropped from consideration.
3. Forms not submitted because this is an appointment without break in service of a person who was employed by another agency and it has been determined from the Official Personnel Folder at the losing agency that the appointee or incumbent check has been completed.
4. Reprints on Standard Form 87 attached. Decision regarding appointment will not be made until the results of the FBI fingerprint search have been received.

REMARKS:

Forms 57 and 67 attached.

DATE

April 9, 1951

SIGNATURE OF APPOINTING OFFICER

(SGD.) C. T. SLATH

OFFICIAL TITLE

 Personnel Officer,
 Office of the Secretary,
 Dept. of Interior.

OPTIONAL FORM NO. 8
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6
(SUPERSEDES GSA FORM 100)

INQUIRY AS TO AVAILABILITY

Return this
form to →

AGENCY AND ADDRESS (Street, City, and State)

Miss Mathilda C. Houser
Chief, Administrative Branch
Division of Geography
Dept. of the Interior
Washington 25, D.C.

Miss Charlotte L. Zehrung
San Rae Gardens, RR11
Dayton 9, Ohio

(Please correct address if different from above)

DATE

Jan. 30, 1951

CERTIFICATE

H-2580

POSITION

Statistical
Draftsman, GS-3

SALARY

\$2650 p.a.

LOCATION

Washington, D. C.

TYPE OF APPOINTMENT:

Indefinite

☐ PROBATIONAL

☐ TEMPORARY FOR

This office is considering you among others for the employment described. Please fill out the "Availability Statement" below, indicating whether you would accept this position if offered, and return the entire sheet to this office. Appointment would be subject to the Civil Service requirements described on the back of this letter. Whether you are available or not, please reply within 3 days in order that one of those who are available may be selected as promptly as possible to fill the vacancy.

Failure to reply to this inquiry will result in the removal of your name from the register of eligibles until such time as you request restoration and furnish the information asked for in the statement below.

THIS IS A LETTER OF INQUIRY AND NOT AN OFFER OF EMPLOYMENT. If selected, you will be notified and given further instructions.

Other information:

Sincerely yours,

Mathilda C. Houser

Chief, Admin. Branch

AVAILABILITY STATEMENT

- (Check one) (Check one)
- ☒ I am available and wish to be considered for the position described above. I can report for duty within 10 days after notification. I am now employed by San Rae Gardens at Dayton 9, Ohio RR11.
- ☐ I do not wish to be considered for the position described above. I am giving my reasons on the other side of this form.
- ☐ I request that my name be removed from the active list of eligibles until I report that I am available for appointment.
- ☒ Consider me available for other appointments, subject to the following conditions:
- The position must pay at least \$2,650 per year (year, month, day, or hour).
- I am willing to work: ☒ In Washington, D. C.; ☐ Anywhere in the U. S.; ☐ Outside the U. S.
- I will accept appointment in the following locations only: _____
- I will accept short-term appointment for: ☐ 1 to 3 months; ☐ 3 to 6 months; ☒ 6 to 12 months.

Feb - 2 - 1951
(Date)

Charlotte L. Zehrung
(Signature)

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)
(Type, or Print in Ink)

1. MR. MRS. MISS Charlotte	(FIRST NAME) L. Zehrung	(MIDDLE INITIAL) L.	(LAST) Zehrung	2. DATE OF BIRTH January 18, 1929	3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS San Luis Gardens, Dayton 3, Ohio				5. TITLE OF POSITION Statistical Draftsman	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary Interior - Division of Geography				7. LOCATION Washington, D. C.	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					
9. (A) HAVE YOU ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE DETAILS:					

- (7) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE? ☐ YES ☒ NO
(8) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION? ☐ YES ☒ NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification.

SIGNATURE OF APPLICANT

Charlotte L. Zehrung

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Health Qualification Placement Record must be answered. Before beginning the examination refer to items 9 and 10 on the Health Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Health Qualification Placement Record.

1. HEIGHT: 5 FEET 8 INCHES	WEIGHT: 125 POUNDS
2. EYES: 20 20 20 20	
(A) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20 LEFT 20 WITH GLASSES, IF WORN: RIGHT 20 LEFT 20	
(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.	

employees in the Federal classified service as may be required by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 20 and June 16, 1952 (Executive Order, September 4, 1952).

WITHOUT GLASSES:

WITH GLASSES, IF USED:

R. **20** IN. TO **20** IN.

R. **20** IN. TO **20** IN.

L. **20** IN. TO **20** IN.

L. **20** IN. TO **20** IN.

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT **20** LEFT **20**

(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ICHIHARA OR OTHER COLOR PLATE TEST IS USED? ☐ YES ☒ NO

IF NOT, CAN APPLICANT PASS LANTERN, YARN OR OTHER COMPARABLE TEST? ☐ YES ☒ NO

3. EARS: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD.) ORDINARY CONVERSATION:

RIGHT EAR **20** FT. LEFT EAR **20** FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR **20** LEFT EAR **20**

4. NOSE normal	5. PARA NASAL SINUSIS normal	6. MOUTH AND THROAT normal
7. GASTRO-INTESTINAL normal	(A) HISTORY OF PEPTIC ULCER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," IS ULCER: <input type="checkbox"/> ACTIVE <input type="checkbox"/> QUIESCENT <input type="checkbox"/> HEALED HOW LONG? _____ DATE OF LAST X-RAY _____ SYMPTOMS PRESENT, IF ANY (Severity, frequency, etc.): _____ TREATMENT (List space under "Remarks" if needed): _____	

8. METABOLIC DISORDERS (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX, AND EXPLAIN UNDER "REMARKS.")

☐ THYROID

☐ PANCREAS

☐ PITUITARY

☐ OVARIAN

9. HEART AND BLOOD VESSELS <i>normal</i>		(A) BLOOD PRESSURE: MM. HG. SYSTOLIC <i>114</i> DIASTOLIC <i>78</i>	
(B) IS ORGANIC HEART DISEASE PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) PULSE RATE: SITTING <i>68</i> IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) <i>104</i> TWO MINUTES AFTER EXERCISE <i>88</i> CARDIAC RESERVE <i>Good</i> (GOOD, FAIR, OR POOR)			
10. LUNGS: RIGHT <i>normal</i> LEFT <i>normal</i>			
HISTORY OF TUBERCULOSIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED? IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.")			
11. HERNIA: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC. IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. VARICOSE VEINS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE LOCATION AND DEGREE			
13. FEET: IS FLAT FOOT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION (NONE, SLIGHT, MODERATE, SEVERE)			
14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE <i>None</i>			
15. SCARS OF SERIOUS INJURY OR DISEASE <i>None</i>			
16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY). <i>None</i>			
(B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C) WHERE (NAME AND LOCATION OF HOSPITAL):			
(D) DATE OR DATES OF HOSPITALIZATION:			
(E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:			
(F) ANY HISTORY OF EPILEPSY OR FAINING SPELLS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DETAILS UNDER "REMARKS" BELOW			
17. EVIDENCE OR HISTORY OF VENEREAL DISEASE, IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE DETAILS UNDER "REMARKS." <i>None</i>			
18. URINALYSIS (IF INDICATED): SP. GR. _____ ALBUMEN _____ SUGAR _____ CASTS _____ BLOOD _____ PUS _____			
I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS:			
REMARKS: <i>Good physical condition. Normal state of health.</i>			
19. SIGNATURE OF PHYSICIAN OR EXAMINER: <i>Albert F. Kuhl</i>		NAME TYPED OR PRINTED Albert F. Kuhl, M.D.	
20. ADDRESS OF EXAMINING PHYSICIAN (Typed or printed) 916 Harries Bldg. Dayton 2, Ohio		DATE 2/8/51	
21. DO YOU HAVE FEDERAL DESIGNATION? IF YES, SPECIFY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME <input type="checkbox"/> FEE BASIS	

HEALTH QUALIFICATION PLACEMENT RECORD

(This section is comparable to Standard Form 90 promulgated March 1945 by Bureau of the Budget Circular A-24)

1. MR. (FIRST NAME) CHARLOTTE (MIDDLE INITIAL) A. (LAST) LEWIS 2. DATE OF BIRTH JANUARY 16, 1929 3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	4. ADDRESS 501 1/2 GARDENS, DAYTON 9, Ohio 5. TITLE OF POSITION Statistical Draftsman 6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary 7. LOCATION Washington, D. C. 8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:
--	--

TO BE COMPLETED BY APPOINTING OFFICER: Sections 9 and 10

(A) BRIEF OUTLINE OF WHAT WORKER DOES For the physician's use, set down in brief and simple terms what the employee does on this job, including environmental details such as stairs to climb, distance to rest-room facilities, cafeteria, work-shift, etc. (Use Section 9 below.)	(B) PHYSICAL DEMANDS OF THE POSITION In Section 10 below encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.
--	---

9. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION (Adhere use of dictionary of occupational titles as guide, as applicable)

Statistical Draftsman - To assist in the performance of drafting, lettering and incidental statistical clerical work in the preparation and revision of index maps, showing the location of approved and disapproved names and the extent of features to which names apply; charts, graphs and other illustrative materials in connection with the functions of the Research Branch and for administrative purposes.

TO BE COMPLETED BY EXAMINING PHYSICIAN: Sections 10, 11, 12, 13, 14, and 15

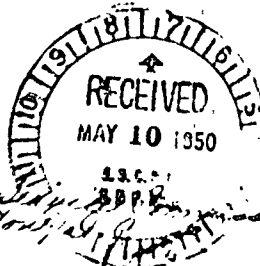
INSTRUCTIONS: The items listed below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers enclosed. If the individual has any other physical limitations relating to physical requirements not enclosed or not covered by this form, indicate these under "Remarks" on the reverse side. Whenever PARTIAL capacity has been indicated, explain under "Remarks," giving specific quantities.

PHYSICAL REQUIREMENTS

	CAPACITY				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
1. OUTSIDE				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. MOVING OBJECTS OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS (Specify)			
6. EXCESSIVE DAMPNESS OR CHILLING				23. WORKING WITH HANDS IN WATER			
7. DRY ATMOSPHERIC CONDITIONS				24. EXPLOSIVES			
8. EXCESSIVE NOISE, INTERMITTENT				25. VIBRATION			
9. CONSTANT NOISE				26. WORKING CLOSELY WITH OTHERS			
10. TEST				27. WORKS ALONE			
11. SILICA, ASBESTOS, ETC.				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
12. FUMES, SMOKE, OR GASES				29. SPECIAL FACTORS (Specify)			
13. SOLVENTS (Deteriorating agents)							
14. GREASES AND OILS							
15. RADIANT ENERGY							
16. ELECTRICAL ENERGY							
17. SLIPPERY OR UNUSUAL WEARING SURFACES							

LC-A5740-1

00023 MAY 10 1950



2601-16th St., N.W.
Washington, D.C.
May 9, 1950.

U.S. Civil Service Commission
Washington, D.C.

Dear Sir:

I sent in material for the
unpublished paper for a Statistical
Digest, the announcement
number of which is 130.

I have moved since the
date I sent in my paper. Would
you please make the necessary
changes so I will receive
notice of my material as my
new address.

My old address was:

2601-16th St., N.W.
Washington, D.C.

My new address is:

7777 San Rae Gardens
Dayton, Ohio R.R. #11

Thank you very much.

Sincerely,

Charlotte L. Zehrung

UNITED STATES CIVIL SERVICE COMMISSION
RATING SHEET—RATING PROCEDURE NO. III.
 (Handbook X-105)

NAME OF APPLICANT <i>Charlotte L. Februng</i>		PREFERENCE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> NONE		APPLICATION NO.	
POSITION TITLE <i>GS-1533 Statistical Draftsman</i>		POSITION TITLE <i>do</i>			
ANNOUNCEMENT NO. <i>U-130</i>		QUALIFYING EXPERIENCE GRADE <i>GS-3</i>		ANNOUNCEMENT NO.	
				QUALIFYING EXPERIENCE GRADE <i>GS-2</i>	
BASIC RATING		<i>85</i>		BASIC RATING	
		<i>2</i>		<i>90</i>	
ADDITIONAL POINTS		<i>2</i>		ADDITIONAL POINTS	
		<i>27</i>		<i>4</i>	
EARNED RATING		<i>87</i>		EARNED RATING	
				<i>94</i>	
VETERANS' PREFERENCE				VETERANS' PREFERENCE	
FINAL RATING				FINAL RATING	
EXAMINER <i>RLK</i>		DATE <i>5-18-50</i>		EXAMINER <i>RLK</i>	
				DATE <i>5-18-50</i>	
REVIEWER		DATE		REVIEWER	
				DATE	
COMMENTS:					
POSITION TITLE		POSITION TITLE			
ANNOUNCEMENT NO.		QUALIFYING EXPERIENCE		ANNOUNCEMENT NO.	
		GRADE		QUALIFYING EXPERIENCE	
				GRADE	
BASIC RATING				BASIC RATING	
ADDITIONAL POINTS				ADDITIONAL POINTS	
EARNED RATING				EARNED RATING	
VETERANS' PREFERENCE				VETERANS' PREFERENCE	
FINAL RATING				FINAL RATING	
EXAMINER		DATE		EXAMINER	
				DATE	
REVIEWER		DATE		REVIEWER	
				DATE	
COMMENTS:					

Education to be substituted
for Experience

High School

2 years	Mechanical Drawing
2 years	Art
1½ years	Algebra
1 year	Geometry
½ year	Trigonometry

College

1 year	4 credits in Form and Expressions (and)
1 year	6 credits in Statistics 3 hrs./week lectures 1½ hrs./week laboratory

Form 18
February 1946

UNITED STATES CIVIL SERVICE COMMISSION
PROOF OF RESIDENCE

Form assigned
Bureau Number 60-2050

Applicants for appointment in the appropriated departmental service must be accompanied by a certificate showing legal or voting residence in the State or Territory claimed for at least one year next preceding the date of making application. Therefore, if you have been employed in the appropriated departmental service the following questions must be answered, and the Just and Official's Certificate of Residence before proof is accepted. Failure to submit this form, properly executed, with your application may result in loss of consideration for appointment in the appropriated service. Applicants who now hold permanent positions in the appropriated departmental service are not required to have the Officer's Certificate of Residence executed and should write on it "Am in the appropriated service."

1. (Last name) (Middle) (First, if any) (Last)
Mr. Mrs. Miss Zehring Charlotte L.
2. Street and number, or Rural R. D. number
2601 16th St. N.W. 0725

3. Name of occupation
Statistical Draftsman

4. Place and date of written examination (if any)
5. Post office (including postal zone) and State
Washington, D.C.

6. (a) In what State or Territory do you have—
Legal residence Ohio
Voting residence
(b) Length of such residence in State or Territory
From Jan 19 1924 to Feb 1950
(c) In what county do you have—
Legal residence Montgomery
Voting residence
(d) Length of such residence in county
From Jan 19 24 to Feb 1950

7. If during the past year you have not resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, indicate in the following blanks the dates of absence, and location and occupations during such absence:

(a) Date left (Month, Year) (b) Date returned (Month, Year) (c) Location during absence (City and State) (d) Occupation
Sept. 1949 Dec. 1949 Syracuse, N.Y. student
Jan. 1950 Washington, D.C. typist bookkeeper

8. If you are under 21 years of age, fill in the following blanks:

(a) Legal residence of parent or guardian (b) Length of such residence (c) Present post office address of parent or guardian
State Ohio From 19 to 19 City or town
Is he a voter in that State? ☐ Yes ☒ No (Month) (Yr.) (Month) (Yr.)
County From 19 to 19 County State
(Month) (Yr.) (Month) (Yr.)

9. If you are a married woman, fill in the following blanks:

(a) Date of marriage (b) Legal residence of husband (c) Length of such residence
State Ohio From 19 to 19
Is he a voter in that State? ☐ Yes ☒ No (Month) (Yr.) (Month) (Yr.)
County From 19 to 19 County State
(Month) (Yr.) (Month) (Yr.)

JURAT (OR OATH)

This jurat (or oath) must be executed before a notary public, the secretary of a United States court, or other officer authorized to administer oaths for general purposes before whom the applicant must appear in person.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief.

If female, prefix "Miss" or "Mrs." and if married, use your own name as "Mrs. Mary L. Doe."
Signature of applicant Charlotte L. Zehring
Date Feb 14 1950

NOTARY PUBLIC
Washington, D.C.
MY COMMISSION EXPIRES MARCH 11, 1954
(Official title)

OFFICER'S CERTIFICATE OF RESIDENCE

Instructions—If the applicant's claim is based on legal residence, the certificate must be executed by a notary public, county, municipal, or police court clerk, mayor, justice of the peace, or other officer in the county or city in which the applicant claims residence. If the claim is based on voting residence alone, the certificate must be executed by the register of voters or other officer of the Board of Elections. In either case the officer must be an actual resident and officer in the city or county claimed by the applicant, and the certificate must bear his official seal, or, in his stead, certification of his official character by the proper officer under official seal.

The applicant is not required to appear in person before the officer who executes this certificate, but the officer should satisfy himself from reliable and competent evidence as to facts to which he certifies.

I, a Notary of the county of Montgomery and State (or Territory) of Ohio
do hereby certify that Charlotte L. Zehring, the applicant who claims to reside in connection with a civil service examination,
(When name is given exactly with applicant's name as given above)
is now a Legal resident of the county of Montgomery and State (or Territory) of Ohio
(Specify whether "Legal," "Voting," or "Legal and Voting")
and has been such resident for 21 years 1 month next preceding the date hereof.
Dated at West Carrollton, County of Montgomery and State (or Territory) of Ohio
on 14th day of February 19 50

OFFICIAL SEAL
My commission expires July 19 1952
Clarence H. Bloss
(Signature of officer)

The Official seal must not be omitted. If erasure or correction is made in the "Officer's Certificate," certification must be made on margin by the officer who executes the certificate, showing such correction.

Index Number of Retail Cost of All Foods and of Four Selected Commodities 1925-1940

FORM 1

