

14-00000

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 15 (EXPERIENCE).			
FULL NAME	PRESENT OR BEST KNOWN HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION	
1. Westmore Willcox, Jr.	67 William St., New York City	Investments	
2. Robert G. North	3247 Fremont Drive, Hollywood, Cal.	Teletype	
3. Maj. J.K. Singmaster	"L" Bldg., Washington, D. C.	U.S. Army	

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				
25. MAY INCLUDE BE MANY OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS, ETC?	---	---	25. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	---	X				
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	---	26. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (A) FOLLOWS BY BLOOD OR MARRIAGE WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?	---	X				
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A. OR ANY COMMUNIST ORGANIZATION?	---	X	27. IF YOUR ANSWER IS "Yes," show in Item 38 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment	---	---				
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	---	X	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIDOW OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.						
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTION, FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSAULTING OR IMPEDING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY MEANS?	---	X	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">---</td> </tr> </table>			YES	NO	X	---
YES	NO								
X	---								
If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.	---	---	(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">---</td> </tr> </table>			YES	NO	X	---
YES	NO								
X	---								
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR CANVASSER FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, EXCLUDING VIOLATION OF TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTY DOLLARS OR LESS WAS IMPOSED?	---	X	(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">---</td> </tr> </table>			YES	NO	X	---
YES	NO								
X	---								
If your answer is "Yes," list all such cases under Item 39 below. Give 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.	---	---	(D) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">See below</td> <td style="width: 50%; text-align: center;">See below</td> </tr> <tr> <td style="text-align: center;">BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)</td> <td style="text-align: center;">SERIAL NO. (if none, give grade or rating at time of separation)</td> </tr> </table>			See below	See below	BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)
See below	See below								
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)								
31. HAVE YOU EVER BEEN DISCHARGED OR ORDERED TO RESIGN FROM MILITARY OR UNSATISFACTORY SERVICE FROM ANY POSITION?	---	X	38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">---</td> </tr> </table>			YES	NO	X	---
YES	NO								
X	---								
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.	---	---	(B) ARE YOU A DISABLED VETERAN? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">---</td> <td style="text-align: center;">X</td> </tr> </table>			YES	NO	---	X
YES	NO								
---	X								
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	---	X	If so, and you have not listed your disability in answer to Item 35, explain in Item 39 below.						
If your answer is "Yes," give dates of and reasons for such barment in Item 39.	---	---	(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">---</td> <td style="text-align: center;">X</td> </tr> </table>			YES	NO	---	X
YES	NO								
---	X								
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	---	X	(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">---</td> <td style="text-align: center;">X</td> </tr> </table>			YES	NO	---	X
YES	NO								
---	X								
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.	---	---	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Question 17, above has been verified by comparison with the discharge certificate on _____, 19____.						
34. 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?	---	X	Agency: _____ File: _____						
If your answer is "Yes," give complete details in Item 39.	---	---	35. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)						
(Item No.) 37a. Navy: July, 1943 - Oct. 1942 File 9732 Army: Oct. 1946 - Feb. 1946 Serial 0-37241									

If more space is required, use paper 17; none use on this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

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 and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code Title 18, Section 80).

SIGNATURE OF APPLICANT

(Sign your name in INK (use given name, middle or initials, and surname). If female, use Mrs. or Miss and if married, use your married name as "Mrs. Mary L. Doe.")

PERSONNEL ACTION REQUEST			
NAME <i>H. T. Howard, Jr.</i>		CLASSIFICATION VICE IA <input checked="" type="checkbox"/> VV NEW	INITIAL <i>OH</i> DATE <i>6/29/49</i> <i>Only # 297</i> <i>CSC # 3112</i> <i>6-2-49 11/20/49</i>
NATURE OF ACTION: <i>Accepted Appointment</i>		QUALIFICATION & REVIEW <input checked="" type="checkbox"/>	INITIAL <i>OH</i> DATE <i>6/29/49</i>
EFFECTIVE DATE <i>8 Nov. 1949</i>		<i>2105912</i> <i>800-101</i> <i>Edward H. Howard, Jr.</i>	
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:		APPROVED: <i>[Signature]</i> SIGNATURE EXECUTIVE <i>107</i>	
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE		SIGNATURE EXECUTIVE FOR ARMY <i>[Signature]</i> SIGNATURE CHIEF, PERSONNEL BRANCH	
FROM		TO <i>107-15</i>	
TITLE	<i>Intelligence Officer No. 2</i>		
GRADE AND SALARY	<i>SS-12-7600.00</i>		
OFFICE	<i>457.20 p.a.</i>		
BRANCH	<i>Program Planning Staff</i>		
DIVISION	<i>Group 11</i>		
SECTION	<i>Editorial Prod. Div.</i>		
OFFICIAL STATION	<i>Washington, D. C.</i>		
DEPT. or FIELD	<i>Departmental - 130.</i>		
REMARKS: <i>Attached are 2 forms 57.</i> <i>Security initiated 3 June 1949.</i> <i>Searched 107 6/25/49</i> POSTED <i>[Signature]</i>			
RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER		DATE <i>13 June 1949</i>	

FORM APPROVED
B. & W. T. BUREAU NO. 2-1000

CENTRAL INTELLIGENCE AGENCY
NOTIFICATION OF PERSONNEL ACTION

P.C. 9/30/49
(ENC) 130

1 NAME (MR - MISS - MRS. FIRST - MIDDLE INITIAL - LAST)		2 DATE OF BIRTH		3 JOURNAL OR ACTION NO.		4 DATE	
Mr. Howard Hunt		10/9/48		#297		11/3/49	
This is to notify you of the following action affecting your employment:							
5 NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6 EFFECTIVE DATE		7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Excepted Appointment FROM				11/8/49		Schedule A-6.116(b) TO	
				8. POSITION TITLE			
				Intelligence Officer, GS-13 (Editor)			
				9. SERVICE GRADE, SALARY			
				GS-13, \$7600.00 per annum			
				10. ORGANIZATIONAL DESIGNATIONS			
				OPC Program & Planning Staff Program Group II Editorial Prod. Division			
				11. HEADQUARTERS			
				Washington, D. C.			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL				12. FIELD OR DEPT'L			
				<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
13. REMARKS							
Appointment is subject to the satisfactory completion of a trial period of one year.							
15. VETERAN'S PREFERENCE							
15. POSITION CLASSIFICATION ACTION							
17. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F							
18. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N							
19. APPROPRIATION							
20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)							
21. DATE TO EXPIRE (ACCESSIONS ONLY)							
22. LEGAL REFERENCE							

4. PERSONNEL FOLDER COPY

PERSONAL HISTORY STATEMENT

- Instructions:
1. Answer all questions completely. If question does not apply write "not applicable." 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: _____

A. FULL NAME Mr. Everotto Howard Hunt, Jr. Office: _____
(Use No Initials) Everotto First Middle Last Ext. _____
Home: 3-8218

PRESENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.
St. & No. City State Country

PERMANENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.
St. & No. City State Country

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS _____

Where? _____ By What Authority _____

C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A.
City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE / _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:
not applicable

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 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168
 EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow
 BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE ☒ MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____
not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable

First	Middle	Maiden	Last

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____

St. & No.	City	State	Country

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____

St. & No.	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. & No.	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. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

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

FULL NAME Evaratto Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS 30 Willott Street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec '38 PLACE OF BIRTH Harburg, New York, 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 Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH PEARL ST. ALBANY, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

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

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 191 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

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

OCCUPATION Homemaker LAST EMPLOYER -----
 EMPLOYER'S OR OWN BUSINESS ADDRESS -----
 MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----
 COUNTRY ----- DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

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

1. FULL NAME not applicable
 PRESENT ADDRESS -----
 2. FULL NAME -----
 PRESENT ADDRESS -----
 3. FULL NAME -----
 PRESENT ADDRESS -----
 4. FULL NAME -----
 PRESENT ADDRESS -----
 5. FULL NAME -----
 PRESENT ADDRESS -----

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable
 LIVING OR DECEASED ----- DATE OF DECEASE ----- CAUSE -----
 PRESENT, OR LAST, ADDRESS -----
 DATE OF BIRTH ----- PLACE OF BIRTH -----
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY -----
 CITIZENSHIP ----- WHEN ACQUIRED? ----- WHERE? -----
 OCCUPATION ----- LAST EMPLOYER -----

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
First Middle Last
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____
St. & No. 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 not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. 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 not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes
 HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes
 COLLEGE Brown University ADDRESS Providence 12, R.I., USA
City State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.
 COLLEGE _____ ADDRESS _____
City State Country
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

USA USAAF 1st Lt. 1943-1946
Country Service Ensign Rank Date of Service
 HQ Det. 202, OSS China 0-587241
Last Station Serial No.
 REMARKS: _____
 SELECTIVE SERVICE BOARD NUMBER Hona ADDRESS _____
 IF DEFERRED GIVE REASON _____
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____
not applicable

SEC. 14. 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.

1. FROM May, 1942 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration
 ADDRESS 2 rue St. Florentin, Paris 1, France
St. & No. City State Country
 KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. P. Fleming
 TITLE OF JOB M.S. Media Specialist SALARY: 3420. PER Year

YOUR DUTIES General PR work plus speech writing for Ambassador Harriman; film production.
 REASONS FOR LEAVING My publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 362 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 15. 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. 16. 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. Murray Smouse	BUS. ADD. State Bank of Albany, N.Y. RES. ADD. 321 State Street, Albany, N.Y.		
2. Mr. Chester T. Hubbell	BUS. ADD. Hubbell Lumber Co., Albany, NY, RES. ADD. Louderville, New York		
3. Hon. Westmore Willcox	BUS. ADD. 63 William St., New York 5, NY RES. ADD. East End Avenue, New York, N.Y.		
4. Dr. Bruce Bigelow	BUS. ADD. Brown University, Providence, R.I. RES. ADD. Brown University, Providence, R.I.		
5. Dr. R. C. Noyes	BUS. ADD. Brown University, Providence, R.I. RES. ADD. 164 Anthony St., E. Providence, R.I.		

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Hon. Archibald Douglas, Jr.	BUS. ADD. 120 Broadway, New York, New York RES. ADD. 455 E. 57th St., New York, N.Y.		
2. Hon. MacNeil Mitchell	BUS. ADD. 36 W. 14th Street, New York, NY RES. ADD. 137 East 35th St., New York, N.Y.		
3. Mr. Franklin A. Lindsay	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 3416 Que St., Washington, DC		
4. Mr. Robert G. North	BUS. ADD. 1719 North McCadden Place, Hollywood RES. ADD. 3947 Fredonia Dr., Hollywood, Cal.		
5. Maj. J. K. Sinclaud	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 5509 Johnson Ave., Bethesda, Md.		

SEC. 18. 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. J. Stanley Davis	BUS. ADD. 3 Englewood Place	Albany	N.Y.
	RES. ADD. 90 State St.	Albany	N.Y.
2. Mr. Peter Kiernan, Jr.	BUS. ADD. 5 Englewood Place	Albany	N.Y.
	RES. ADD. 120 State Street	Albany	N.Y.
3. Bishop E. L. Barry	BUS. ADD. ----		
	RES. ADD. 32 Willett Street	Albany	N.Y.

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS
State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: not applicable

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

1. NAME <u>Brooks Brothers</u>	ADDRESS <u>346 Madison Ave., New York, N.Y.</u>
2. NAME <u>Abercrombie & Fitch</u>	ADDRESS <u>Madison Avenue, New York, N.Y.</u>
3. NAME <u>Hotels Statler</u>	ADDRESS <u>New York, New York</u>

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM <u>1941</u> TO <u>Present</u>	<u>30 Willett Street, Albany 6, N.Y.</u>	<u>USA</u>
FROM <u>1937</u> TO <u>1941</u>	<u>125 Lancaster Ave., Buffalo, N.Y.</u>	<u>USA</u>
FROM <u>1918</u> TO <u>1937</u>	<u>55 Maple Avenue, Hamburg, New York</u>	<u>USA</u>
FROM _____ TO _____	_____	_____
FROM _____ TO _____	_____	_____
FROM _____ TO _____	_____	_____
FROM _____ TO _____	_____	_____
FROM _____ TO _____	_____	_____

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM <u>June 1939</u> TO <u>Sept. 1950</u>	<u>Europe</u>	<u>Pleasure</u>
FROM <u>April 1947</u> TO <u>July 1947</u>	<u>Mexico</u>	<u>Guggenheim Fellowship</u>
FROM <u>June 1948</u> TO <u>Feb. 1949</u>	<u>Europe</u>	<u>Business</u>

FROM	TO	City or Section	Country	Purpose
FROM	TO	City or Section	Country	Purpose
FROM	TO	City or Section	Country	Purpose

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE:

Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS:

SEC. 22. 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. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February 1937 to present

2. Brown University Club; 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: June, 1943 to present

4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February, 1946 to present

5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: May, 1947 to November, 1948

6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1947 to present

8. American Legion, Fort Orange Post, Albany, N.Y., USA

1942 to present

SEC. 23. GENERAL QUALIFICATIONS

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

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

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

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

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

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. 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:

Office of Strategic Services - December, 1944

ECA - June, 1943

14-00000

SEC. 24. MISCELLANEOUS

12

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

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

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:

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

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt

RELATIONSHIP Mother

ADDRESS 30 Willatt Street, Albany 6, New York,

St. & No.

City

State

USA

Country

SEC. 26. 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. 27. 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 Albany, New York DATE May 11, 1949
Robert F. Dwyer City and State
Robert F. Dwyer Signature of Applicant
67-111-17 Albany NY

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.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VERBINTEN BEWERTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949
From : Chief of Inspection and Security Number: 23500
Subject: HUNT, Everette Howard, Jr.

1. Note "X" below:

☒ Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

☐ Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

☒ Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

[Signature]
FRANK P. GEISS
Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." 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 or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____

Office: _____

A. FULL NAME MR. ^{Mrs.} EVERETTE ^{First} HOWARD ^{Middle} HUNTER ^{Last} Ext. _____

Home: _____

PRESENT ADDRESS _____
St. & No. City State Country

PERMANENT ADDRESS _____
St. & No. City State Country

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE GIVE PARTICULARS _____

Where?

By What Authority

C. DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE / _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

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 _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

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

NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDE ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MILLBROOK NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 96 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER EDP PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT TO APPLICABLE BRANCH OF SERVICE _____
Date Date

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

US DEPT OF STATE

US TREASURY DEPT

ECA

JUN 1944 - JAN 1945 - BERN 3/44

APR 1946 - MAY 1947 - SHREVEPORT, LA

APR 1948 - AUG 1949 - PARIS, FRANCE

NOTE WIFE'S FUR MARRIED NAME "GENTIERE".

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

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

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. 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 OWN BUSINESS ADDRESS _____
St. & No. 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 _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

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

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

14-00000

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

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

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. 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 OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

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

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

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

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

OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

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

1. FULL NAME _____ AGE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
2. FULL NAME _____ AGE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
3. FULL NAME _____ AGE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
4. FULL NAME _____ AGE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
5. FULL NAME _____ AGE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
First Middle Last
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS 90 NCR DAYTON OHIO USA
St. & No. City State Country
DATE OF BIRTH JUNE 17 1891 PLACE OF BIRTH DAYTON OHIO USA
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
NOT APPLICABLE
CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
NATIONAL MASS. REGISTERED City State Country
OCCUPATION _____ LAST EMPLOYER DAYTON, OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
First Middle Last
 LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —
 PRESENT, OR LAST, ADDRESS 187 HAWTHORNE AVE SARASOTA
St. & No. City State Country FLA
 DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE
 CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? — City State Country
 OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

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

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. 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. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —

SEC. 27. 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 SARASOTA, FLA.
City and State


DATE 11 Oct. 1949

Jeannette Davis
Witness

E. Howard Hunt, Jr.
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.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME XXXXXXXXXXXXXXX E. Howard Hunt		DATE: 22 August 1950
NATURE OF ACTION Appointment		EFFECTIVE DATE 10 December 1950 27 August 1950 10 Dec. 1950
TITLE	FROM	TO Intelligence Officer II Chief of Station
GRADE AND SALARY		GS-13 \$7,600 p.a.
OFFICE		OPC
DIVISION		Latin America
BRANCH		Operations
OFFICIAL STATION		Mexico, MEXICO CITY
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR 11 Sept 50	EXECUTIVE
CLASSIFICATION Joseph S. Ruff 139	PERSONNEL OFFICER C. D. Hulick EAD/OPC 7/13/50	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950		
SECURITY CLEARED ON 7 December 1950 7 December 1950		
OVERSEAS AGREEMENT SIGNED 11 December 1950		
ENTERED ON DUTY 10 December 1950		
<div style="text-align: right;">  SIGNATURE OF AUTHENTICATING OFFICER </div>		
REMARKS: Charge to Mexico slot #1, JBEDICT Budgetary allotment IA #3 Transfer annual & sick leave from unencumbered funds and cancel Transfer annual & sick leave from unencumbered funds.		

SECRET

APPOINTMENT AFFIDAVITS

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

Central Intelligence Agency Washington, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, E. Howard Hunt, Jr., 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 given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 E. Howard Hunt Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950.

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

[SEAL]

William D. Anderson
(Signature of official)
Clerk
(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. Answer all questions. 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)			
2. (A) DATE OF BIRTH		(B) PLACE OF BIRTH (city or town and State or country)	
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY E. H. HUNT		(B) RELATIONSHIP Father	(C) STREET AND NUMBER, CITY AND STATE 30 Willett St. Albany, N.Y.
		(D) TELEPHONE NO. 3-6218	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

If no, 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	(3) TEMPORARY OR NOT (4) RELATIONSHIP	MARRIED (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

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

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

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

3. DO YOU RECEIVE ANY 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 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 rating, if retired from military or naval service.

4. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

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

5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?

If your answer is "Yes", list all such cases under Item 10. Give 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 this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and rules of Congress pertaining to appointment.

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.**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee is guided in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

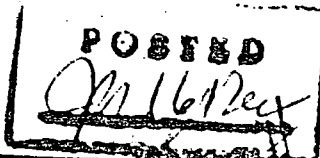
(2) **Age.**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship.**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appointment acts. Form 61 constitutes an affidavit for both purposes and is a verifiable 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 governmental or permanent appointment in the competitive service, no other member of such family being eligible for provisional or permanent appointment in the competitive service. The appointments of persons entitled to 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 appointing officer of the Civil Service Commission for decision.

SECRET

MR *file*
OK

CONFIDENTIAL FUNDS PERSONNEL ACTION			
NAME R. Howard Hunt, Jr.		DATE 13 December 1950	
NATURE OF ACTION Integration		EFFECTIVE DATE 13 December 1950	
	FROM	TO	
TITLE	Intelligence Officer GS-13	Attache FSB-4	
GRADE AND SALARY	GS-13 \$7,600.00	FSB-4 \$7,830.00 e	
OFFICE	OPC	OPC	
DIVISION	IA	IA	
BRANCH			
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico	
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR		
CLASSIFICATION	EXECUTIVE PERSONNEL OFFICER <i>See memo</i>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER	
<p>Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p> <div style="text-align: right;">  </div>			

SECRET

File

Agreement

AGREEMENT made this 17th day of December, 1950, effective the 17th day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive a Foreign Service Staff Corps designation from the Department of State and proposes to send the Employee overseas to Mexico for operations in the general area of _____.

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA, (ADSO) and is willing to accept a designation in the Foreign Service Staff Corps with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I. Relationship of Employee to the Department of State. The Employee, in so far as possible, shall abide by all the rules, regulations, and customs of the Foreign Service of the United States which affect personnel of the Foreign Service Staff Corps in order to appear as a normal member of the Foreign Service establishment.

1. The Employee shall rigidly comply with the provisions of Title X, Part A of the Foreign Service Act of 1946, prohibiting officers and employees of the Foreign Service from:

- (a) Wearing uniforms;
- (b) Accepting presents from foreign governments;
- (c) Engaging in business abroad;
- (d) Correspondence on affairs of foreign governments;
- (e) Political, racial, religious, or color discrimination.

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2. The Chief of the Foreign Service establishment and certain other key members of his staff will know about the Employee's status and relationship under the terms of the TOP SECRET agreement between the Department of State and CIA. Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures of the Foreign Service. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of the Chief of the Foreign Service establishment to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of the Chiefs of the Foreign Service establishment involved. TD travel customary and necessary in the performance of routine Foreign Service Staff functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through the State Department in Washington.

(c) All travel will be directed and performed in accordance with Foreign Service rules and regulations.

4. Although the Employee's Foreign Service Staff Corps title, location, appointment, Foreign Service class, and other pertinent information may be published in the Foreign Service list and other publications of the Department of State, such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by the Department of State except payments referred to in ARTICLE II, Section 4.

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ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by the Department of State as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of the Foreign Service, but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between the Department of State and CIA, the matter shall be referred to the ADES for resolution.

1. The line of authority for the Employee shall be as follows:

- (a) Senior Representative of OSO at Foreign Service establishment. ^{CPC}
- (b) OSO Foreign Branch Chief in Washington. ^{CPC}
- (c) Chief of Operations, OSO ^{CPC}
- (d) ADES ^{CPC}
- (e) Director of CIA.

2. All travel shall be directed by the ADES in accordance with ARTICLE I, Section 3. The Employee shall request appropriate Foreign Service clearance for travel through the Senior OSO Representative at the Foreign Service establishment, who shall be responsible for arranging such clearance. ^{CPC}

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

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4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses. When specifically authorized by the ADBO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the Foreign Service Act of 1946 and regulations issued thereunder by the Department of State. When authorized by the ADBO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with the Foreign Service Act of 1946 and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in Bureau of the Budget Circular A-8, which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to Budget Circular A-8.

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with Title IX, Part D of the Foreign Service Act of 1946. Under such Act, the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to Section 935 of the Foreign Service Act of 1946.

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

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ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of the Foreign Service Retirement and Disability System, provided for in Title VIII of the Foreign Service Act of 1946.

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with Title IX, Part E of the Foreign Service Act of 1946. Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of ~~\$7,000.00~~ per year in accordance with Section 415 of the Foreign Service Act of 1946. In-class promotions shall be granted to the Employee in accordance with regulations established in the Department of State pursuant to Title VI, Part E, Section 642 of the Foreign Service Act of 1946. Other changes in status will be made only as specifically authorized by the ADSC. ADPC

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ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that the Department of State has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable Foreign Service Regulations.
2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSO for review and approval prior to their submission to a publisher.
3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in the Department of State, CIA, or other Governmental agencies.
4. Members of the Employee's family shall not be employed in the same Foreign Service office except during grave emergencies or when special authorization has been obtained in advance of employment from both the Department of State and CIA.
5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in both the Department of State and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

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6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with the Department of State.

ARTICLE XII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIII. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XIV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

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ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

BY: J. C. Chibinski
 CHIEF, EMPLOYEES DIVISION
E. Howard Hunt
 (Employee)

Joseph S. Relf
 (FOR OFFICIAL USE ONLY)
 CHIEF, OVERSEAS BRANCH

APPROVED:

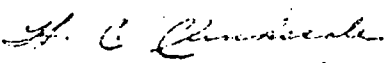
Chief of Operations

Assistant Chief of
 Special Operations

SECRET

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (lag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Edward Hunt		9 Oct. 1918	74057	30 Dec. 1950
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation*		9 Dec. 1950		
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPT'L		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-P <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> Da. 72971 CSC/3112 6/2/49		
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT OF AFFIDAVITS (ACCESSIONS ONLY)
M	W	FROM: 2115900 TO: 801-101	Yes	
20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. * To accept other employment. LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
ENTRANCE EFFICIENCY RATING: <div style="text-align: right;">  H. C. CLARKSCALE Employee Division 22. SIGNATURE OR OTHER AUTHENTICATION </div>				

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard Hunt (Integree)		DATE 16 May 1951
NATURE OF ACTION Promotion		EFFECTIVE DATE 10 June 1951
TITLE	FROM Attache FSR-4 (I.O.) (GS-13)	TO Attache FSR-4 (I.O.) (GS-14)
	GRADE AND SALARY FSR-4 \$7830.00 (GS-13 \$7800 per annum)	FSR-4 \$7830.00 (GS-14 \$8800 per annum)
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION <i>Auth. 842</i>	PERSONNEL OFFICER <i>H. C. Linsman 5.6/51</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER
Slot #1 - JBEDICT-Mexico Semi-covert Difference between \$8800 and \$7830 to be paid by CIA. In grade since EOD 10 December 1950		<i>[Signature]</i> <i>[Signature]</i>

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUNT		DATE 24 May 1961
NATURE OF ACTION Periodic Pay Increase		EFFECTIVE DATE 13 May 61
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO
	Attache Intelligence Officer	Attache Intelligence Officer
	PSR-4 \$7830.00	PSR-4 \$7830.00
	OS-13 \$7600.00	OS-13 \$7800.00
	OPC	OPC
	LA	LA
	Mexico City, Mexico	Mexico City, Mexico
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER <i>D. M. Mulcahy</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS: L.S.I. 8 Nov. 1949 This is to certify that the conduct and services of the employee during this period were satisfactory in all respects. Difference between Dept. of State salary and CIA salary to be paid by DIA. <i>E. H. Tarr</i> Division Chief		

STANDARD FORM 52
PROPERTY OF THE
U. S. GOVERNMENT
GSA GEN. REG. NO. 27
MAY 1962 EDITION
GSA GEN. REG. NO. 27

REQUEST FOR PERSONNEL ACTION

SECRET
SECURITY INFORMATION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mr. Howard W. HUNT	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO. -	4. DATE OF REQUEST 30 Apr. 53
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Conversion from FSR Status		6. EFFECTIVE DATE A. PROPOSED: 7 Mar. 53 *	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED 7 Mar 53	

FROM: ATTACHE, FSR-3 4 48763 FSR-1, \$9300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER 11. SERVICE, GRADE, AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO: INTEL OFF ATTACHE, FSR-3 GS-132-1b, \$9300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
--	---	--

15. REMARKS (Use reverse if necessary)
5-1
*** Subject resigned from State in the field effective this date.**
CD5/PCPP

16. REQUESTED BY (Name and title) V. C. LYNCH, x-457	17. REQUEST APPROVED BY Signature: J. Keith Reed Title: D/P Admin.
--	--

18. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> S-P.T. <input type="checkbox"/> 10 POINT DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>	19. POSITION CLASSIFICATION ACTION N.S. <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/>
--	---

20. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	21. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	22. APPROPRIATION FROM: 3522 TO: 3522	23. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	24. DATE OF APPOINT- MENT AFFIDAVIT (NECESSARY ONLY)	25. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Virginia
--	---	---	--	--	--

26. STANDARD FORM 50 REMARKS
FOSTERED
4m11/11/53

27. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

28. APPROVED BY
2. L. Thru 5. 53

SECURITY INFORMATION

STANDARD FORM 52 OFFICE OF PERSONNEL U.S. DEPARTMENT OF DEFENSE WASHINGTON, D.C.		SECRET		UNVOUCHERED		PP	
REQUEST FOR PERSONNEL ACTION							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.							
1. NAME (Mr., Mrs., Miss - One given name, initials, and surname) Mr. E. Howard HUNT				2. DATE OF BIRTH 9 OCT 1918		3. REQUEST NO. 174-53	
						4. DATE OF REQUEST 18 MAY 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, resignation, etc.) Resignation				6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY	
B. POSITION (Specify whether establish, change grade or title, etc.) <i>Resignation</i>				B. APPROVED:			
FROM— Intelligence Officer S-1 GS-132-14 \$9800 DDP/WH III Mexico City, Mexico		8. POSITION TITLE AND NUMBER		9. SERVICE, GRADE, AND SALARY		10. ORGANIZATIONAL DESIGNATIONS	
		11. HEADQUARTERS		12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
<input checked="" type="checkbox"/> FIELD		<input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD		<input type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary) Slot #1 Transfer leave to Vouchered Funds.							
B. REQUESTED BY (Name and title) C. R. LYNCH				D. REQUEST APPROVED BY Signature: <i>J. Keith Reid</i> Title:			
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) V. C. LYNCH X-457							
13. VETERAN PREFERENCE NONE / WITH OTHER SPT / 10 POINT / USAR OTHER				14. POSITION CLASSIFICATION ACTION NEW / VAC / I.A. / REL.			
15. SEX / RACE / FROM / TO 9522				16. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		17. DATE OF APPOINTMENT AFFIDAVIT (APPROVING ONLY)	
						18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS							
22. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS	
A.							
B. CER. OR ACS CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR SUPPL.							
E.							
F. APPROVED BY <i>M. L. Shreve</i> SECRET							

Security Information

STANDARD FORM 52 PROCESSED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1953 EDITION, REVISIONS BASIC NUMBER 52		SECRET		VOUCHERED		PP	
REQUEST FOR PERSONNEL ACTION							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse:							
1. NAME (Mr.-Mrs.-Mss.-One given name, initials, and surname)		2. DATE OF BIRTH		3. REQUEST NO.		4. DATE OF REQUEST	
Mr. E. Howard HUNT		9 OCT 1918		174A-53		18 May 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Appointment Reassignment</i>				6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED:			
FROM—		9. POSITION TITLE AND NUMBER		10. Operations Officer BD-22-14			
		11. SERVICE, GRADE, AND SALARY		GS-132-14 \$9800			
		12. ORGANIZATIONAL DESIGNATION		DDP/SE			
		13. HEADQUARTERS		SE Political & PW Staff			
				Office of the Chief			
				Washington, D. C.			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
A. REMARKS (Use reverse if necessary)							
Transfer leave from Unvouchered Funds.							
B. REQUESTED BY (Name and title)				C. REQUEST APPROVED BY			
JOSEPH BURN SS/ADMIN <i>Joseph M. Burn</i>				Signature: <i>J. Keith Reid</i>			
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)				Title:			
ROBERT DURNS X-3965							
13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 15. POINT D-AB OTHER				NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL			
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W				16. RACE <input type="checkbox"/> M <input type="checkbox"/> W			
17. APPROPRIATION <i>4-3200-20</i>				18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)			
FROM TO				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)			
				20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:			
21. STANDARD FORM 50 REMARKS							
<i>Approved 7/23/53</i> <i>W. A. Babone</i>							
22. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS:	
A.							
B. CEIL. OR POS. CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR ENPL.							
E.							
F. APPROVED BY <i>M. L. Shaw</i> <i>6/18/53</i>							

CENTRAL INTELLIGENCE AGENCY

~~SECRET~~
~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION *conc. 23 Jul 53 bn*

1. NAME (MR., MRS., MISS, OR ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
R. E. Howard Hunt		9 Oct 1918		30 July 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		2 Aug. 1953	Schedule A-6.116 (b)	
FROM		TO		
Intelligence Officer 8-1		Operations Officer 2D-27-14		
GS-137-14 \$9800.00 per annum		GS-132-14 \$9800.00 per annum		
DDP/WH III		DDP/GE SE Political & PW Staff Office of the Chief		
Mexico City, Mexico		Washington, D.C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> D-P <input type="checkbox"/> 15-POINT <input type="checkbox"/> DISAB. NOTED <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		CD-PP		
16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N		18. SUBJECT TO C. S. RETIREMENT ACT (YES NO) <input checked="" type="checkbox"/> YES		
17. APPROPRIATION FROM 4-3570-55-060 TO 4-3200-20		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Transfer TO vouchered funds FROM unvouchered funds				

Chief, Personnel Division
ENTRANCE PERFORMANCE RATING:

~~SECRET~~

STANDARD FORM 52
PREPARED BY THE
U. S. CIVIL SERVICE COMMISSION
AS PART OF THE PERSONNEL
MANUAL, CHAPTER II

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO.	4. DATE OF REQUEST 4 Aug. 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 16 Aug 53	

FROM— Operations Officer BD-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Operations Officer BD-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

CONCURRED

W. B. Brumfield
Chairman
REQUESTED BY (Name and title)
Edwin A. Willard
PP CAREER SERVICE BOARD
FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Edwin A. Willard, PP/CSO

REQUEST APPROVED BY
J. Keith Reid
Signature:
Title: **DD/P CAREER SERVICE BOARD**

13. VETERAN PREFERENCE			
NONE	WWII	OWEN	S-P.T.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
10 POINT		DISAB OTHER	

14. POSITION CLASSIFICATION ACTION			
NEW	VICE	L.A.	REAL

CD-PP

CD-PP

15. SEX	16. RACE	17. APPROPRIATION
		FROM:
		TO:

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)

20. LEGAL RESIDENCE
<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CITIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

F. APPROVED BY

E. C. Hunt 14 Aug 53

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO.	4. DATE 14 Aug. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 16 Aug. 53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sch. A-6.116(b)	
FROM Operations Officer RD-22-1A GS-132-14 \$9800.00 per annum DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	TO Operations Officer RD-22 GS-132-15 \$10,800.00 per annum Same Same Same Same	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VKE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> CO-PP 63-42		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 4-3200-20 TO: Same		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes
		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO. 16 Feb. 54
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 28 Feb. 54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j
FROM Operations Officer EO 22 GS-132-15 \$10,800.00 per annum EE Political & PW Staff Office of the Chief		TO Ops. Off (PP Staff Ch) EO-18 GS-0136.31-15 \$10,800.00 per annum DOP/SE Political & Psych. Warfare Staff Washington, D. C.	
11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-PP	
13. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F 16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N 17. APPROPRIATION FROM: 4-3200-20 TO: same		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <input checked="" type="checkbox"/> Yes 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS - 1-2) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.			
ENTRANCE PERFORMANCE RATING Deputy Assistant Director for Personnel			

STANDARD FORM 52
ISSUED BY THE
U. S. CIV. SERVICE COMMISSION
JANUARY 1954 - FEDERAL PERSONNEL
MANUAL, CHAPTER IV

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, etc. - One given name, initials, and surname) Mr. D. Howard HUNT	2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM - Operations Officer . PD-22 GS-152-15 - \$10,800 DDP/33 Staff Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO - Ops Off - (PP Staff CH) PD-18 GS-0156.01-15 - 10,800 DDP/33 Political & Psychological Warfare Staff Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) THOMAS M. CHAPIN Sr./ADMIN		D. REQUEST APPROVED BY Signature: <i>Thomas M. Fisher</i> Title: <i>Personnel Officer</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) THOMAS M. CHAPIN 33965			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> S. PT. <input checked="" type="checkbox"/> 10 POINT DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> E. A. <input type="checkbox"/> REAL <input type="checkbox"/> CD - PP	
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	17. APPROPRIATION FROM: 3200 - 20 TO: 47 - 3200 - 20	18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO)
19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>JH</i>	<i>1/22</i>	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED BY <i>2-16-54</i> <i>THOMAS M. Fisher</i>			

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 21 May 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE B.O.B. 23 May 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Ops Officer (PP Staff Ch) BD-18 GS-0136.31-15 \$10,800.00 per annum BDP/EE Political & Psych Warfare Staff Washington, D. C.		Ops Officer (PP) BFF 1455 GS-0136.31-15 \$10,800.00 per annum BDP/FE ER/TA Political & Psych Warfare Staff Tokyo, Japan		
11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> OTHER: 5-PT. <input checked="" type="checkbox"/> 15-POINT <input type="checkbox"/> DISAB. OTHER		12. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-PP		
13. APPROPRIATION FROM: 4-3200-20 TO: 4-3700-55-121		14. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes		15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
16. REMARKS This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.		17. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.		
Subject to approved medical clearance prior to being sent overseas.				
"Transfer TO Unvouchered funds FROM Vouchered funds."				
<p>ENTRANCE PERFORMANCE RATING</p> <p>Deputy Assistant Director for Personnel</p> <p>4-149 5-15-54</p> <p>PERSONNEL FOLDER COPY</p>				

STANDARD FORM 52
FORM 52-1
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540
MAY 1962 EDITION
GSA GEN. REG. NO. 27

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname)

Mr. E. Howard Hunt

2. DATE OF BIRTH

9 Oct 18

3. REQUEST NO.

4. DATE OF REQUEST

7 April 54

5. NATURE OF ACTION REQUESTED:

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

REASSIGNMENT

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:

B. APPROVED:

6/23 May 54

7. C. S. OR OTHER
LEGAL AUTHORITY

FROM—Ops Officer (PP Staff Ch) ED-1S

8. POSITION TITLE AND
NUMBER

GS-0136.31-15 \$10,800.00
DDP/SE
Political & Psych Warfare Staff
Washington, D.C.

9. SERVICE, GRADE, AND
SALARY

10. ORGANIZATIONAL
DESIGNATIONS

11. HEADQUARTERS

TO—

Ops Officer (PP) EFF #1455

GS-0136.31-15 \$10,800 p/a
DDP/FE
SR/NA
Political & Psych Warfare Staff
Tokyo, Japan

12. FIELD

XXX DEPARTMENTAL

12. FIELD OR DEPARTMENTAL

XXX FIELD

DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.

13. REQUESTED BY
H.C. Clinkscales FE/Personnel Officer

14. REQUEST APPROVED BY

15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Herbert A. Hudson 2566

Signature:

Title:

DDP Advisor 4/23/54

16. VETERAN PREFERENCE

17. APPROPRIATION
FROM: 4-3200-20
TO: 4-3700-54-121

18. POSITION CLASSIFICATION ACTION

NEW VICE L.A. REAL

CD:PP

19. SEX
M W

20. RACE

21. SUBJECT TO C. S.
RETIREMENT ACT
(YES-NO)
Yes

22. DATE OF APPOINTMENT AFFIDAVIT
(ACCESSIONS ONLY)

23. LEGAL RESIDENCE
STATE:
CLAIMED PROVED

24. STANDARD FORM 50 REMARKS

Eff. date 4/26/54
Off. FE
24 May 54

Conc. (Osborne)
21 May 54
24 May 54

Approved APR 20 1954
PP/ Career Service

CPB notified
24 May 54

25. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS. CONTROL

C. CLASSIFICATION

D. PLACEMENT OR

E.

F. APPROVED BY

Approved by: [Signature] SECRET

U. S. GOVERNMENT PRINTING OFFICE: 1952 - 507576

1. Pay roll no. **07**

2. Grade and salary **GS-15 \$10,500**

3. Employee's name (and social security account number when appropriate) **WILLIAM E. HEARD**

4. Division and organizational designation

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks **PURSUANT TO DOL DIRECTIVE 11-880**

11. Appropriation(s) **PS-14**

12. Prepared by **1.24/55**

13. Audited by

☐ Periodic step increase ☐ Pay adjustment ☐ Other step increase

14. Effective date **2/13/55**

15. Date last equivalent increase **3/1/53**

16. Old salary rate **\$10,800**

17. New salary rate **\$11,050**

18. Performance rating is satisfactory or better.

19. LWOP data (fill in appropriate space covering LWOP period(s))

☐ No excess LWOP. Total excess LWOP

☐ Excess LWOP. State amount of excess period. LWOP entered in excess period.

STANDARD FORM NO. 112ad—Prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulation No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SECRET

REQUEST FOR PERSONNEL ACTION REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.		UNDOUBTERED	
1. NAME (Mr., Miss, Mrs., One given name, initials, and surname)		2. DATE OF BIRTH	
Mr. E. Howard Hunt			
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		4. DATE OF REQUEST	
Reassignment		3 May 1956	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED:	
		B. APPROVED: MAY 10 1956	
7. C. S. OR OTHER LEGAL AUTHORITY			
8. FROM— DDP/FE SR/NA Political & Psychological Warfare Staff		9. TO— Ops Officer - PP BFF-1455 OS-CL36.31-15 \$11,880.00 p/a DDP/FS North Asia Station PP Staff Tokyo, Japan	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
14. REMARKS (Use reverse if necessary)		15. T/O Charge	
16. REQUESTED BY (Name and title)		17. REQUEST APPROVED BY	
H. P. GILBERT, CEE/PT		Signature:	
18. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title:	
HAZEL H. ADAMS, 22205			
19. VETERAN PREFERENCE		20. POSITION CLASSIFICATION ACTION	
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> PT <input type="checkbox"/> SEANT <input type="checkbox"/> ODSB <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> A <input type="checkbox"/> REAL <input type="checkbox"/>	
21. SEX		22. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	
16 APPROPRIATION FROM TO		23. DATE OF APPOINT- MENT AFFIDAVITS (NECESSARY ONLY)	
		24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE	
25. STANDARD FORM 50 REMARKS			
26. CLEVERANCES A. <input type="checkbox"/> B. CEIL. OR POS. CONTROL <input type="checkbox"/> C. CLASSIFICATION <input type="checkbox"/> D. PLACEMENT OR ENPL. <input type="checkbox"/> E. <input type="checkbox"/> F. APPROVED BY <input type="checkbox"/>			
INITIAL OR SIGNATURE DATE REMARKS:			
USED IN LIEU OF 550 NOTICE OF PERSONNEL			
SECRET per [Signature] 16 May '56 for [Signature] 16 May '56			

SECRET
Security Information

JBA

Name:	Last,	First	Middle

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

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.

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

SECRET
Security Information

SECRET
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) 512842	2. NAME: (last) (first) (middle) LEE, Jr. E. H. JR.			3. Office 2/1	
4. Date of Birth Oct. 7, 1916	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Marital Status <input type="checkbox"/> Nr. Dependents 2		6. CIA Entry Date: Oct. 1, 1941	
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) _____ Year U.S. citizenship acquired, if not by birth _____				

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	(6) 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	
Brown University	Lib.		1935	1940			AB	1940	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	1	V-7 USNA Leadership Course leading to Commission as LTJG

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	
Naval Air Station School	1941	1941	1	Air Combat Intelligence Course lecturer prior to completion of course, but received diploma with credit class.

SECRET
Security Information

SECRET
Security Information

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>1951</u> To <u>1953</u> Tot. mos. <u>24</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct management of all CIA or CIG activities in Mexico; established and maintained continuing liaison with Mexican intelligence agencies.</u>
Grade <u>GS 12</u> Salary <u>9,600</u>	
Office <u>Mexico</u>	
Position	
Title: <u>Deputy Chief of Mission</u>	
Duty	
Title: <u>Deputy Chief of Mission</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct management of all CIA or CIG activities in Mexico; established and maintained continuing liaison with Mexican intelligence agencies.</u>
Grade <u>GS 12</u> Salary <u>9,600</u>	
Office <u>Mexico</u>	
Position	
Title: <u>Chief of Station</u>	
Duty	
Title: <u>Chief of Station</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct management of all CIA or CIG activities in Mexico; established and maintained continuing liaison with Mexican intelligence agencies.</u>
Grade <u>GS 13</u> Salary <u>7,400</u>	
Office <u>Mexico</u>	
Position	
Title: <u>Plans Officer</u>	
Duty	
Title:	
	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position	
Title:	
Duty	
Title:	
	Duty Station, if overseas:

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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>1948</u> To <u>1949</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u> Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position <u>Information Officer, ECA</u> Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u> Duty Station if overseas: Exact Title of your position <u>Professional</u> Description of Duties:
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u> Classification Grade (if in Federal Service) <u>Salary \$28,000 (av.)</u> Number and Class of Employees Supervised: Employer Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: <u>Paris, France</u> Exact Title of your position <u>Writer, self-employed</u> Description of Duties:
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>Salary \$7,800</u> Number and Class of Employees Supervised: Employer <u>TIME, Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action</u>
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u> Classification Grade (if in Federal Service) <u>Salary \$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.; 3 Steno.</u> Employer <u>TIME, Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: <u>South Pacific Area</u> Exact Title of your position <u>Screen writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsreel THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u>
From <u>1941</u> To <u>1942</u> Tot. mo's <u>16</u> Classification Grade (if in Federal Service) <u>Eng. Salary</u> Number and Class of Employees Supervised: <u>168 seamen</u> Employer <u>USN</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: Exact Title of your position <u>Anti-Aircraft Gunnery Officer (destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u> Duty Station if overseas: <u>North Atlantic</u>

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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 checked="" 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 checked="" 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		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
French				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
German					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			

* 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
Latin America	1946-7, 1950-53	X		X
Europe, Russia	1947-50	X		X
UK and Scandinavia	1950		X	
China	1952	X		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
France	Political	Chief of Station, 1946-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Chief of Station, 1950-51

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. 100	2. 0	50	1. Yes 2. X No
Shorthand	1. 100	2. 0		1. Yes 2. No

Shorthand System: 1. 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. sailing, skiing, writing, etc. sailing, skiing, writing, etc.
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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.

Under the name of the FBI Unit and Section, which I am a professional writer of fiction. My work of 1973 - will have a distinct fiction. Short stories have been in our collection and no other work. At one time I was a correspondent in the, and my contributions appeared anonymously in the and the.

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

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 X (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?

Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large
Assignment - Chief of Mission or as Officer at Large

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SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? ___ Yes x 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 x 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

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

Course or Subject	(from) Dates (to)	Hours
Math.	Jan. 1 - Jan. 15	10
Sci.	Jan. 15 - Jan. 30	5
Physical Education	Jan. 1 - Jan. 30	5
Art	Jan. 1 - Jan. 30	5
Music	Jan. 1 - Jan. 30	5
Language	Jan. 1 - Jan. 30	5
History	Jan. 1 - Jan. 30	5
Geography	Jan. 1 - Jan. 30	5
Health	Jan. 1 - Jan. 30	5
Character Education	Jan. 1 - Jan. 30	5
Other	Jan. 1 - Jan. 30	5

SEC. XVI. REMARKS

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

[illegible]

DATE 21 April, 1953

SIGNATURE

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Security Information

U. S. GOVERNMENT PRINTING OFFICE: 1954 O 320090

1. Agency and organizational designation		2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate)		6. Grade and salary		03-15		\$11,880.	
PAYROLL CHANGE DATA							
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND
7. Previous normal							
8. New normal							
9. Pay this period							
10. Remarks				11. Appropriation(s)		12. Prepared by	
				FB-2		wlr 11Jun56	
						13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase							
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)			
12Aug56	13Feb55	\$11,880.	\$12,150.				
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess (WOP))			
Period(s)				<input type="checkbox"/> No excess LWOP, Total excess LWOP			
STANDARD FORM NO. 1126-Rev'd				PAYROLL CHANGE SLIP — PERSONNEL COPY			
Form prescribed by Comp. Gen., U. S.				October 26, 1954, General Regulation No. 102			

SECRET

STANDARD FORM 52 PROPOSED BY THE U. S. CIVIL SERVICE COMMISSION BRANCH ONE - PERSONNEL PERSONNEL BRANCH, CHAPTER 1		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) E. HOWARD Mr. Howard B. HUNT		2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED:	6. DATE OF REQUEST 16 Oct 56
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 13 Jan 57	
FROM: Ops Officer (PP) BFF-1155 GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff Tokyo, Japan		7. POSITION TITLE AND NUMBER Area, Ops Off (CCS) RAF-162 GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay	8. SERVICE, GRADE, AND SALARY DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay
9. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		10. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> (D)	
A. REMARKS (Use reverse if necessary) 2 copies to Security DATE: 15 Jan 57 CS/CS			
B. REQUESTED BY (Name and title) J. KORLAOVICH X8212		C. REQUEST APPROVED BY AWH CS/CS	
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		E. SIGNATURE: AWH	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>	
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	
17. APPROPRIATION FROM: 7-376-55-121 TO: 7-3587-55-065		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS Original with 1427 57 135 15 6 Concurred in by: 11/10/57 PP Career Service			
22. CLEARANCES		INITIAL OR SIGNATURE	
A.		82	
B. CEIL. OR POS. CONTROL		15	
C. CLASSIFICATION		1000 11/2/56	
D. PLACEMENT OR EMPL.		130 W H	
E.		130 W H	
F. APPROVED BY J. C. Clemens 11/10/57			

SECRET

11/5/49

SECRET
(When Filled In)

QCB WING 6-
C-112

513542

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE
January 6, 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 III 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)
HUNT, Jr. E. Howard

2. CURRENT ADDRESS (No., Street, City, Zone, State)
30 Willett Street, Albany 10, New York

3. PERMANENT ADDRESS (No., Street, City, Zone, State)
30 Willett Street, Albany 10, New York

4. HOME TELEPHONE NUMBER
3-6218

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

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.
Hunt, Mrs. Everette H.

2. RELATIONSHIP
Mother

3. HOME ADDRESS (No., Street, City, Zone, State, Country)
30 Willett Street Albany 10, New York

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

5. HOME TELEPHONE NUMBER
3-6218

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

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.
Notification of Father not desired due to cardiac condition.

SECTION III MARITAL STATUS

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

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

WIFE OR HUSBAND: 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 fiance.

3. NAME (First) (Middle) (Maiden) (Last)
Dorothy Louise Wetzel HUNT

4. DATE OF MARRIAGE
Sept 7, 1949

5. PLACE OF MARRIAGE (City, State, Country)
Millbrook, New York

6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)
American Embassy, Paris

7. LIVING ☒ YES ☐ NO

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)
30 Willett Street, Albany 10, New York

11. DATE OF BIRTH
1 April 1920

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

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

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)
USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION
housewife

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

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

SECTION III CONTINUED TO PAGE 2

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(When Filled In)

SECTION III CONTINUED FROM PAGE 1		
21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR		
USNR July 1940- Oct. 1942		USAAF Nov 1943- Feb. 1946
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
USNR USAF		USA
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN		
ECA, Paris April 1948 - Feb. 1949		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1.	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
4.	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
5.	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
1.	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
4.	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
5.	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
1.	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
4.	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
5.	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
1.	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
4.	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
5.	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME		
Book royalties		
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS		
NAME OF INSTITUTION		ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Branch		Washington 7, DC
SECTION V CONTINUED TO PAGE 3		

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SECTION V CONTINUED FROM PAGE 2

6. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

8. 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

9. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

10. 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.

SECTION VI

CITIZENSHIP

1. PRESENT CITIZENSHIP (Country)

USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:

☒ BIRTH☐ MARRIAGE☐ OTHER (Specify):3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

☐ LESS THAN HIGH SCHOOL GRADUATE☐ HIGH SCHOOL GRADUATE☐ TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE☐ TWO YEARS COLLEGE OR LESS☒ OVER TWO YEARS OF COLLEGE - NO DEGREE☐ BACHELOR'S DEGREE☐ GRADUATE STUDY LEADING TO HIGHER DEGREE☐ MASTER'S DEGREE☐ DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET
(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES																			
LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</small>	COMPETENCY - IN ORDER LISTED										HOW ACQUIRED								
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)										
										R - READ W - WRITE S - SPEAK									
										R	W	S	R	W	S	R	W	S	R
Spanish				X	X	X										X			
French				X					X							X			
German									X							X			
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY																			
3 years of College Spanish																			
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD																			
SECTION IX GEOGRAPHIC AREA KNOWLEDGE																			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE" INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.																			
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY																
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT													
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE																			
SECTION X TYPING AND STENOGRAPHIC SKILLS																			
1. TYPING (P.M.)		2. SHORTHAND (P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM															
				<div style="display: flex; justify-content: space-around;"> GREGG SPEEDWRITING STENOTYPE OTHER (Specify): </div>															
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)																			
SECTION XI SPECIAL QUALIFICATIONS																			
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH																			
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK																			
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.																			
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.																			
5. FIRST LICENSE OR CERTIFICATE (Year of issue)							6. LATEST LICENSE OR CERTIFICATE (Year of issue)												

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(When Filled In)

SECTION AI CONTINUED FROM PAGE 8

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 PUBLICATION. ☒ 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 AII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION <input checked="" type="checkbox"/>	5. OFFICIAL POSITION TITLE <input checked="" type="checkbox"/>	
	6. DESCRIPTION OF DUTIES		
2	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
3	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
4	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

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OFFICE OF PERSONNEL
AP 11/30 AM '57

SECTION XIII CHILDREN AND OTHER DEPENDENTS						
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN UNDER 21 YEARS OF AGE WHO ARE AGE-SUPPORTED.			
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevan T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: 6 Jan. 1957

SIGNATURE OF EMPLOYEE: E. Howard Hunt

SECRET

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(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

FD-50

1. NAME (MR - MISS - MRS - ONE GIVEN NAME INITIALS AND SURNAME) MR. E. HOWARD HUNT 513842		2. DATE OF BIRTH 9 Oct 1913		3. GENERAL GS ACTION NO.		4. DATE 25 Jan 1957	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment 57				6. EFFECTIVE DATE 13 Jan 1957		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 4031	
FROM Ops Officer (PP) BFF-1455 GS-0136.31-15 \$12,150.00 per annum DDP/FE North Asia Station PP Staff Tokyo, Japan		8. POSITION TITLE Area Ops Off (COS) BAF-162 GS-0136.01-15 \$12,150.00 per annum DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay		9. SERVICE, SERIES, GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS 465130	
11. HEADQUARTERS 5		12. FIELD OR DEPT FIELD		13. VETERAN'S PREFERENCE NONE WWII OTHER S-PT 10 POINT X		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL SD/DP	
15. SEX M		16. APPROPRIATION FROM 7-2735-55-005 760-31 TO: 7-3587-55-065		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) STATE:	
20. REMARKS: 3 ECD 11/03/49 POSTED 25 JAN 1957 Director Of Personnel							
21. SIGNATURE OR OTHER AUTHENTICATION J. M. Stewart							

SECRET


1. EMPLOYEE COPY

9001/25/57

SECRET
(WHEN FILLED IN)

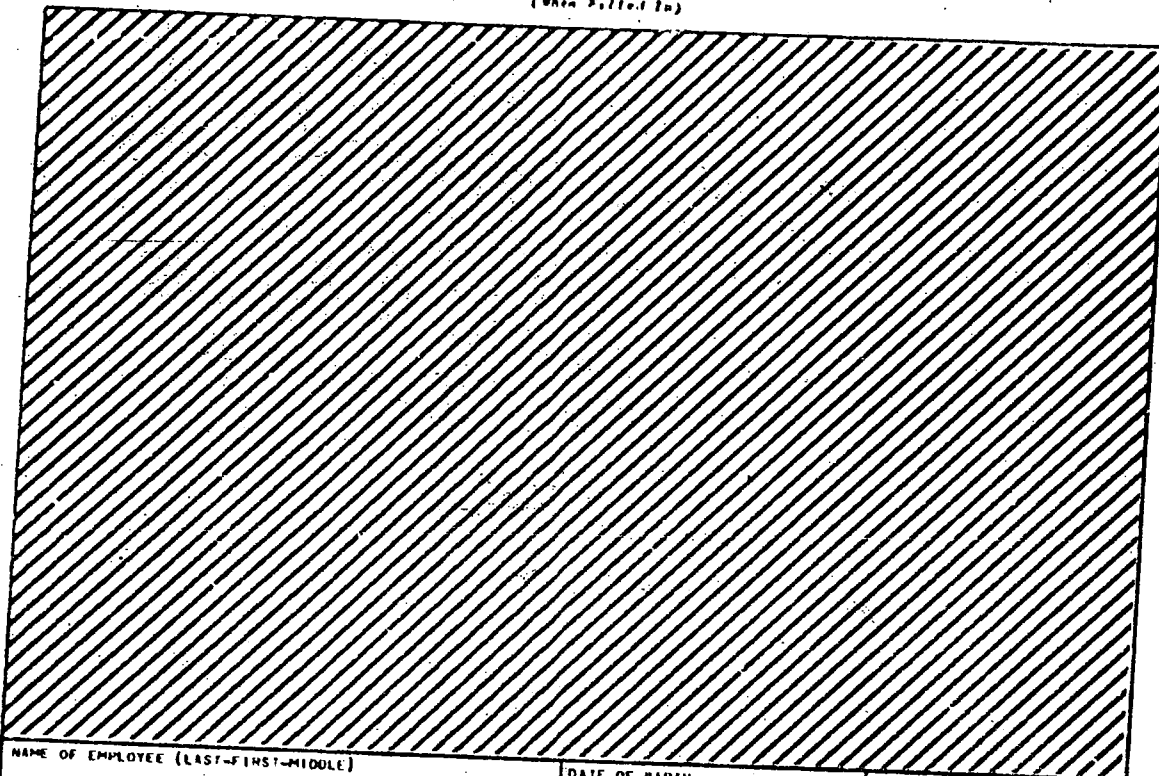
NOTIFICATION OF PERSONNEL ACTION

DOO

1. NAME (Last - first - middle - one given name, initial(s) and surname) MR. HOWARD E. HUNT 513842		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 31 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Integration - Department of State* 58		6. EFFECTIVE DATE 25 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Area Ops. Officer (COS) BAR-162 GS-0136.01-15 \$12,150.00 per annum		Area Ops. Officer (COS) BAR-162 (Attache, Pol. Off. 1st Sec. & Consul) (When Confirmed) GS-0136.01-15 \$12,150.00 per annum (FSR-3 \$12,100.00 per annum)		
9. SERVICE, SERIES, GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS		
		466130 DDP/WH Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay		
11. HEADQUARTERS		12. FIELD OR DEPT'L		
5		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> 1 <input checked="" type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD/DI		
15. SEX M	16. APPROPRIATION FROM 7-3587-55-065 TO: 760-31	17. SUBJECT TO C. & RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION NO.)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS				
<p>*Subject is to be paid the difference between CIA salary of \$12,150 and FSR salary of \$12,100, to be paid by the Department of State and allowances in accordance therewith</p> <p>Sick and annual leave are to be held in escrow until subject reverts to GS status</p> <p>3 EOD 11/08/49</p>				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;"> POSTED 1957 89 </div>				
ENTRANCE PERFORMANCE RATING:		21. SIGNATURE OR OTHER AUTHENTICATION		
Director of Personnel				

SECRET

1. EMPLOYEE COPY
2/1/31/57

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NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard

DATE OF BIRTH

CASE OR CLAIM NUMBER

C/O 57-726-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

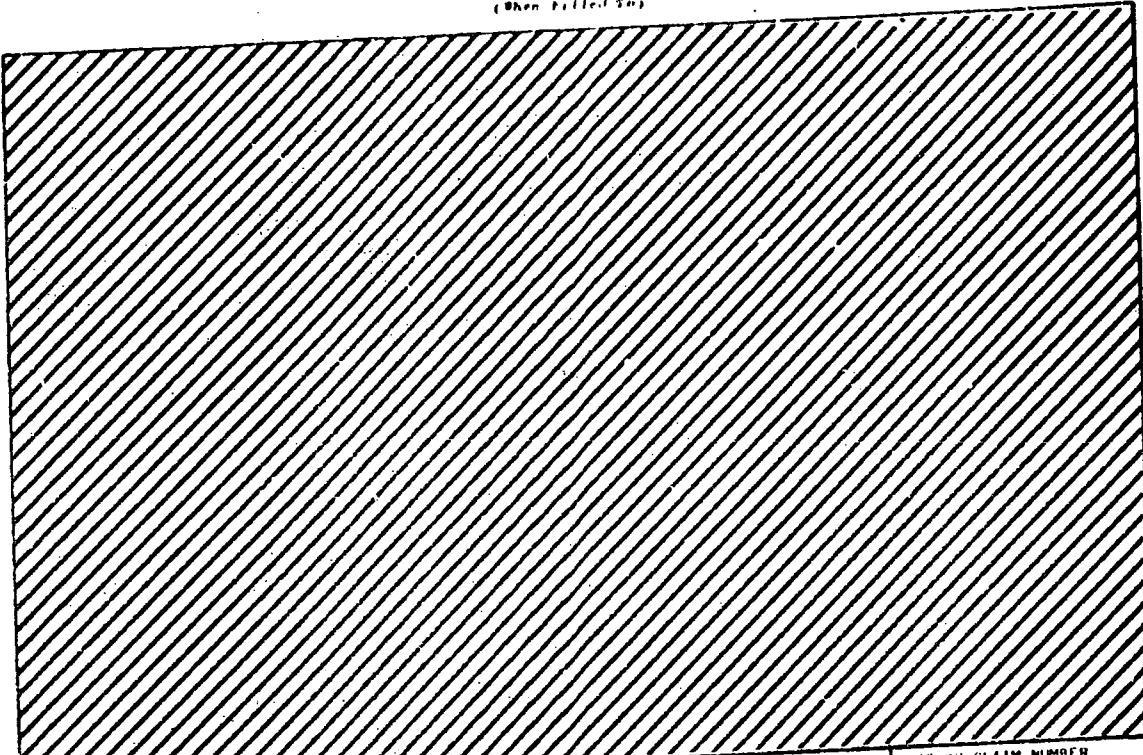
4 Dec 57

SIGNATURE OF BCD REPRESENTATIVE

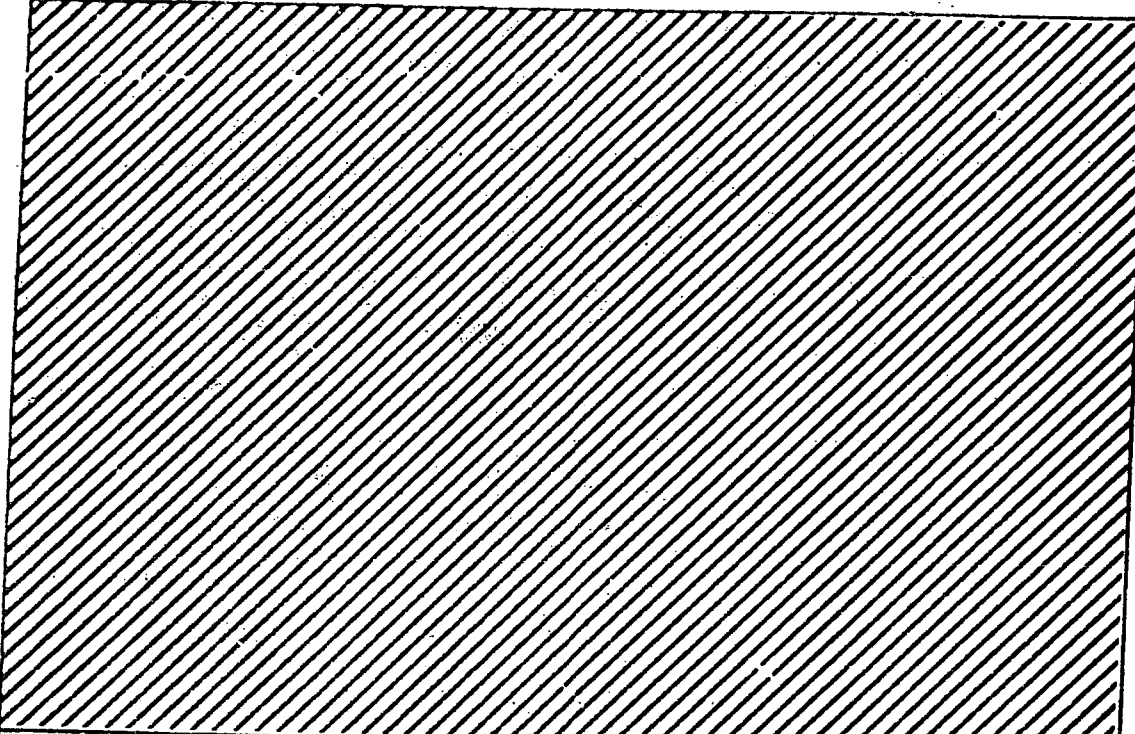
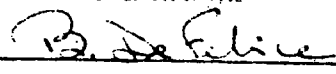
B. E. E. E.

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

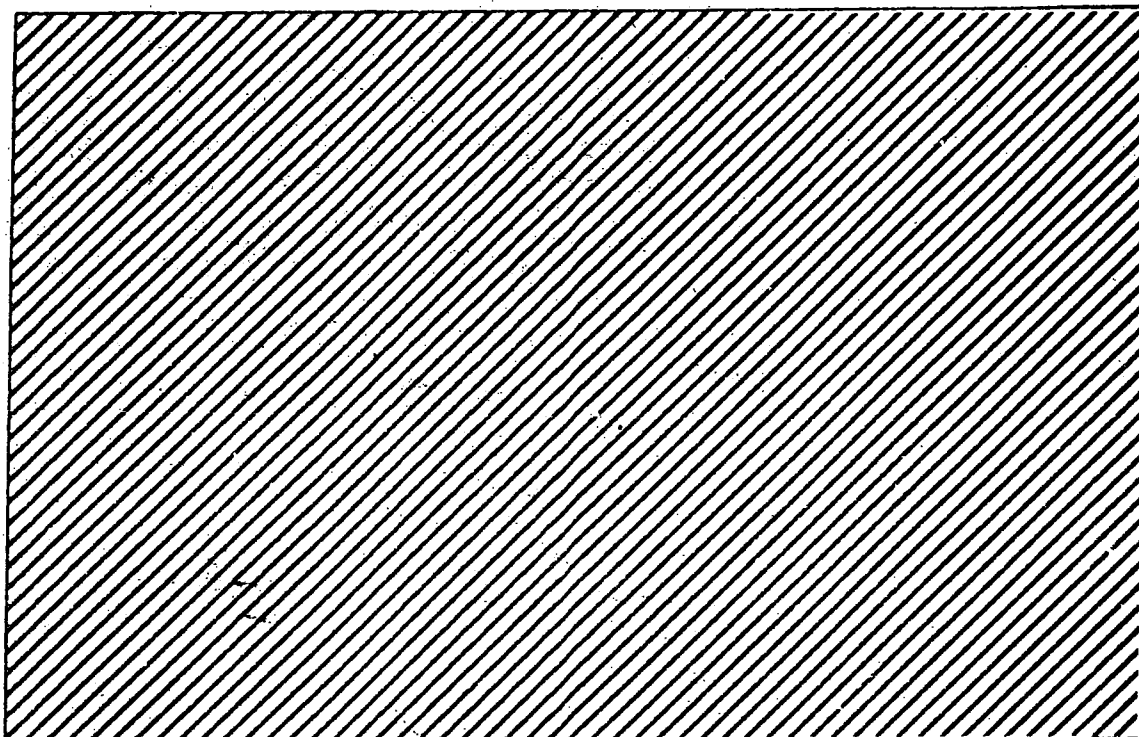
SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>658-30D</i>
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>5-0</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>4 Feb 58</i>	SIGNATURE OF RED REPRESENTATIVE <i>[Signature]</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard E.		CAB 58-167D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
2 SEP 58		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

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NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 58-68 D</i>
---	---------------	--

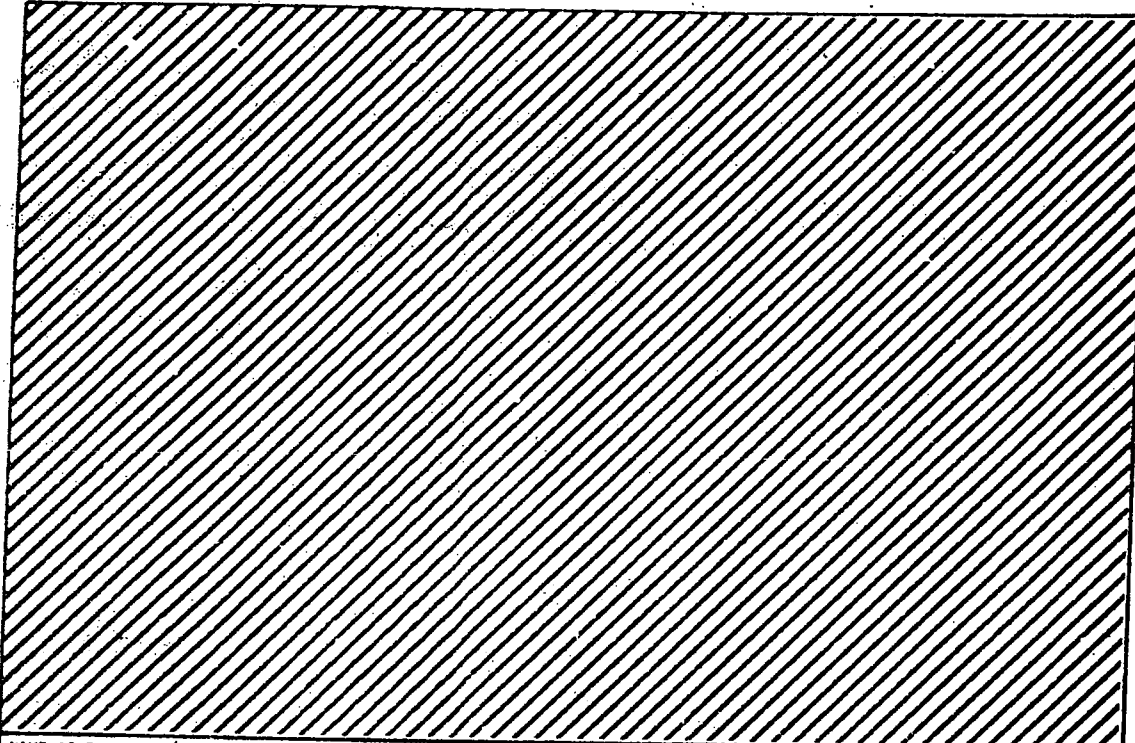
There is, on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *approx. daughter*.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

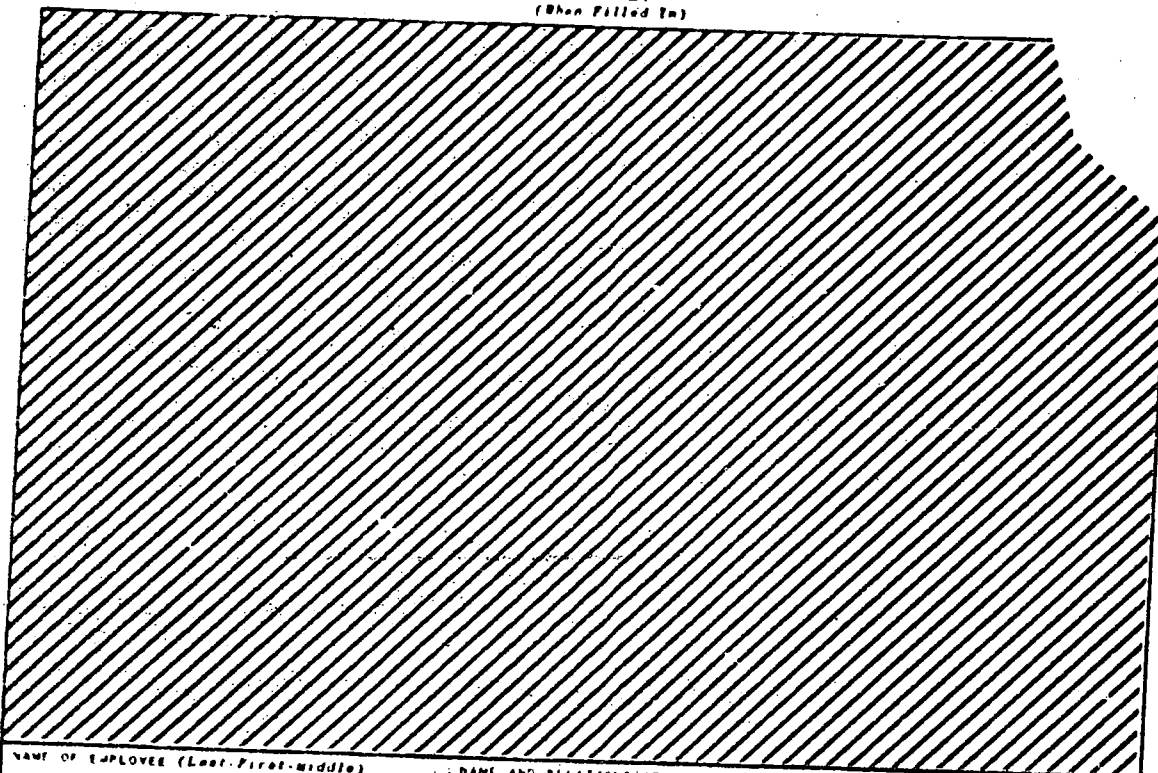
DATE OF NOTICE <i>14 May 58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
------------------------------------	--

NOTICE C. OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent daughter</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>21 May 1958</i>	SIGNATURE OF BCD REPRESENTATIVE <i>D. DeFuria</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

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(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

NAME AND RELATIONSHIP OF DEPENDENT*

CLAIM NUMBER

Robert Edward ...

...

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 10 November 1958

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

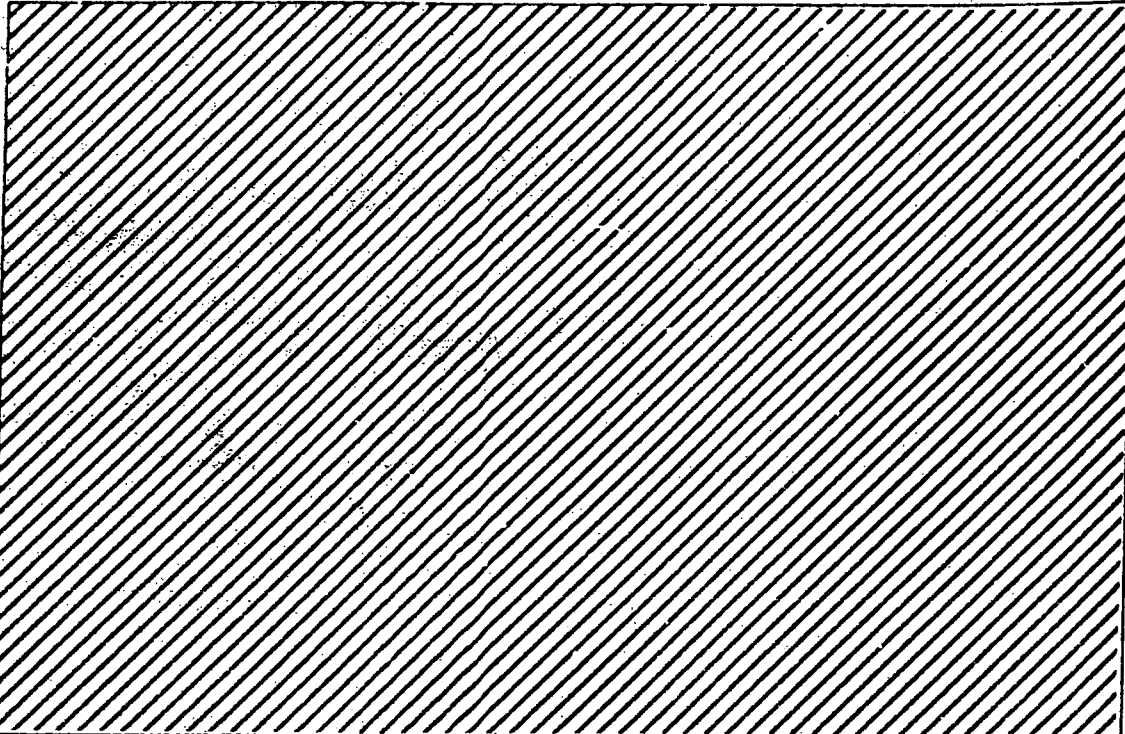

18 Nov 58

SIGNATURE OF BCD REPRESENTATIVE

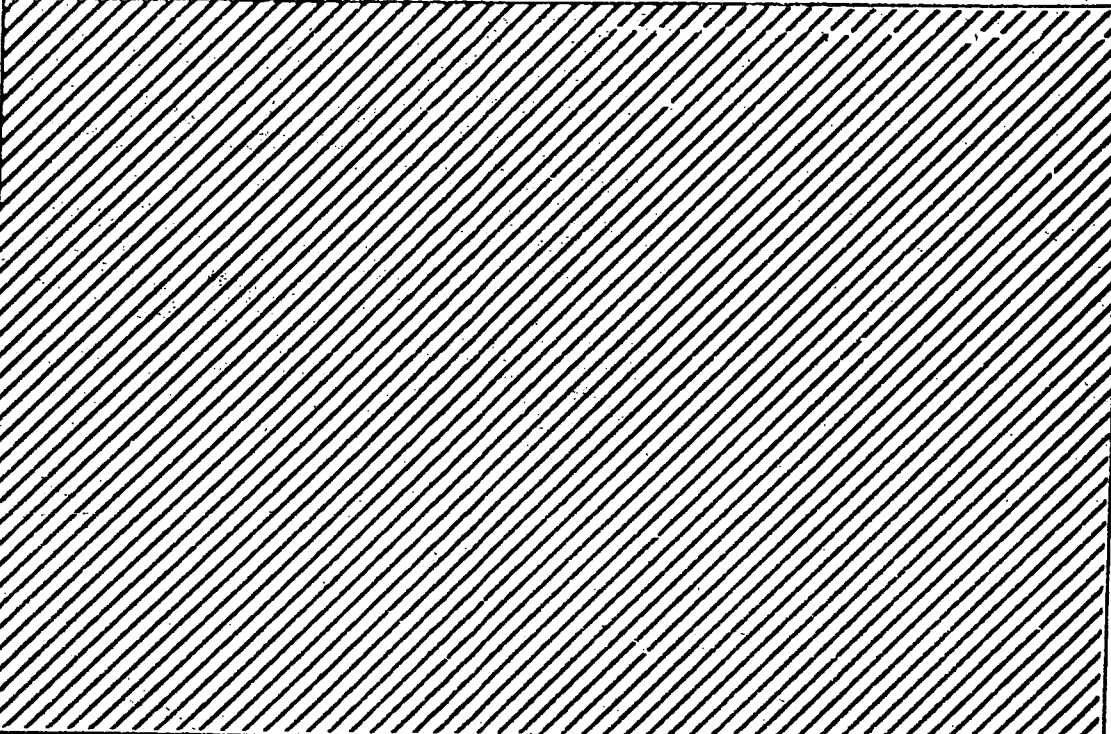
B. DeFolice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF RCD REPRESENTATIVE	
21 Aug 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on _____.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
8 Dec. 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

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PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p><i>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 <u>full</u> entirely. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</i></p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle)		
HUNT, E. Howard		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.		2. RELATIONSHIP
Hunt, Ethel J.		Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		
75 Willett Street Albany 10, NY		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
Hobart 3-6218		
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: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p>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 fiance.</p>		
3. NAME (First) (Middle) (Maiden) (Last)		
Dorothy Louise Wetzel HUNT		
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)	
Sept. 7 1940	Millbrook, New York	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)		
Sarasota, Florida		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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)	
April 1 1920	Dayton, Ohio	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY	14. PLACE OF ENTRY	
15. CITIZENSHIP (Country)	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
USA		
18. OCCUPATION	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
none		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1			
21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR			
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
24. 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
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES			
SECTION V. FINANCIAL STATUS			
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR SPECIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.			
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF REGULAR INCOME NOT INDICATED BY PRECEDING ITEMS.			
publishing royalties			
SECTION V CONTINUE TO PAGE 3			

SECRET

SECTION V CONTINUED FROM PAGE 2

• BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

SECRET

SECRET
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	political	1939, 1948-49			X	X
Spain	political, coasts	May 1960		X		
Mexico	political, terrain	Dec-June 1946	X			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
 " 1948-49 - aml. asst to Amb. Harriman at ECA (speechwriter)
 Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Mexico	Pol, terrain	1950-53		XX	
Japan	Political	1954-56		XX	
Uruguay	Political terrain	1957-60		XX	
Balkans	Political	1953-54	XX		
Greece	Political	1952-54	XX		

SECTION IX TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (W.P.M.) 40	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOTYPE
OTHER (Specify):				
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				

SECTION X SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
squash - good	hunting, shooting - good
equestrian - good	tennis - v, good
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION A, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS TO 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
Oct 1950 - Dec 50	GS-13	OPC/PP/PM
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6	Operations Officer	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb 1952 - March 1960	15	WH-2
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
16	Chief Station, Puerto Rico	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1960 -	15	WH-4
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Political Action Officer	
6. DESCRIPTION OF DUTIES		
Field Chief in Mexico City of JMARCC		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET
(When Filled In)

SECTION XII CHILDREN AND OTHER DEPENDENTS								
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			3		2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST SOME OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.		1	
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS								
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS		
			M	F				
Dorothy I.	wife	1920		x	USA			
Lisa Tiffany	daughter	1951		x	USA			
Kayen Tettersdale	"	1953		x	"			
Howard St. John	son	1954	x		"			
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS								
DATE COMPLETED		SIGNATURE OF EMPLOYEE						
16 June 1960		Howard St. John						

SECRET

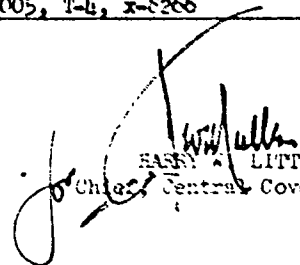
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~referred to deny acknowledge~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Biladeau, 2-1005, T-4, x-8266.


HARRY A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

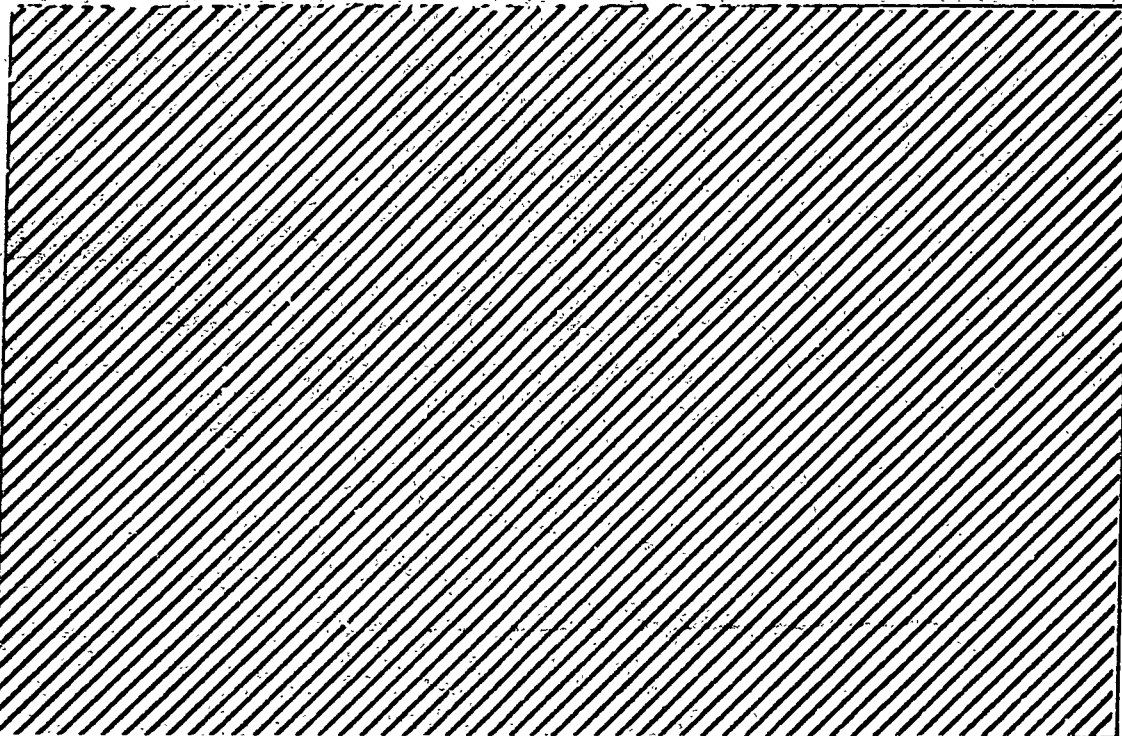
THIS MEMO MUST REMAIN
ON TOP OF FILE

(4-13-40)

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SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Wm. J. Howard, E.</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Daughter - Lisa</i>	CLAIM NUMBER <i>60-1172</i>
--	---	--------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on December 51.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>25 July 1960</i>	SIGNATURE OF BSD REPRESENTATIVE <i>[Signature]</i>
---------------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 013842				2. NAME (Last-First-Middle) HUNT, E. Howard	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT (TEMPORARY)*			4. EFFECTIVE DATE REQUESTED MONTH 10 DAY 10 YEAR 60		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
	CF TO V	CF TO CF	1535-5000-0021		
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 4			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE ADMINISTRATIVE OPERATIONS OFFICER			12. POSITION NUMBER XXXXX	12A. PDR CONTROL NO.	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.C1	16. GRADE AND STEP 15 (5)	17. SALARY OR RATE \$15,030	
18. REMARKS DDP/WH/2, Montevideo, BAF-162 <i>Tracy TA</i> *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS. <i>POB: 08-16-53</i> <i>PSI: 02-05-61</i> <i>W. Keeney</i>					
19. SIGNATURE OF REQUESTING OFFICIAL <i>Herbert V. Juul</i> HERBERT V. JUUL, C/WH/Pers.			20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>M. Lipp</i>		
21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. DATE OF ACTION 10/10/60		23. SERVICE NO. 14467	24. STATION NO. 25513	25. INSURANCE CODE 1	26. DATE OF ACTION 10/10/60
27. DATE OF ACTION 10/10/60		28. DATE OF ACTION 10/10/60	29. DATE OF ACTION 10/10/60	30. DATE OF ACTION 10/10/60	31. DATE OF ACTION 10/10/60
32. DATE OF ACTION 10/10/60		33. DATE OF ACTION 10/10/60		34. DATE OF ACTION 10/10/60	
35. DATE OF ACTION 10/10/60		36. DATE OF ACTION 10/10/60		37. DATE OF ACTION 10/10/60	
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56. DATE OF ACTION 10/10/60		57. DATE OF ACTION 10/10/60		58. DATE OF ACTION 10/10/60	
59. DATE OF ACTION 10/10/60		60. DATE OF ACTION 10/10/60		61. DATE OF ACTION 10/10/60	
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374. DATE OF ACTION 10/10/60		375. DATE OF ACTION 10/10/60		376. DATE OF ACTION 10/10/60	
377. DATE OF ACTION 10/10/60					

ALS:25 NOV 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT (TEMPORARY)*						11 25 60		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		1535 5000 0021		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP WH DIVISION BRANCH 4						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0000		D			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 5			15030		
18. REMARKS *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTHS	
37		10		64450 WH		75013				1 10 09 18	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REQ NO		34. SEX		35. VET PREFERENCE		36. SERV COMP DATE	
TYPE		MO DA YR		REQ NO		SEX		CODE		MO DA YR	
37. LONG COMP. DATE		38. MIL SERV. CREDIT LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	
MO DA YR		CODE		CODE		CODE		CODE		CODE	
43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FORM EXECUTED		46. FORM EXECUTED		47. FORM EXECUTED		48. FORM EXECUTED	
CODE		CODE		CODE		CODE		CODE		CODE	
SIGNATURE OR OTHER AUTHENTICATION											
12/01/60 WJS											

orm
60

1150

76 NOV

Obsolete Previous
Editions

SECRET

-0-911

SECRET
(When Filled In)

1. EMP. SERIAL NO. 513842		2. NAME HUNT E HOWARD		3. ASSIGNED ORGN DDP/WH UNASS.		4. FUNDS UV		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
GS 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02 05 '61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP			
10. INITIALS OF CLERK						11. AUDITED BY			
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.			
14. AUTHENTICATION									
<p align="right">POSTED TO 2806</p> <p align="center">DECLASSIFIED</p> <p align="right">APPROVED</p>									
PAY CHANGE NOTIFICATION									

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD		3. Cost Center Number DDP/WH UV UV		4. LWOP Hours	
5. OLD SALARY RATE				6. NEW SALARY RATE			7. TYPE ACTION
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61
8. Remarks and Authentication							
<p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center">DECLASSIFIED</p> <p align="right">APPROVED</p>							
PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

SECRET

(4-1)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

When Filled In:

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 15 November 1961	
1. SERIAL NUMBER 0		2. NAME (Last-First-Middle) E. HOWARD									
3. NATURE OF PERSONNEL ACTION Promotion					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 61			5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS DDP/CA		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 0121-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch					10. LOCATION OF OFFICIAL STATION Washington, D.C.						
11. POSITION TITLE Chief, Plans - CA					12. POSITION NUMBER 0274		13. CAREER SERVICE DESIGNATION 2				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0360		16. GRADE AND STEP 5		17. SALARY OR RATE 15030				
18. REMARKS FROM: DDP/WH/Br 4/Temporary 1cc - Payroll 1cc - Security Called Security 11/28/61											
18A. SIGNATURE OF REQUESTING OFFICIAL Rosen					DATE SIGNED 16 Nov 1961		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER H. Lipp			DATE SIGNED 11 Nov 61	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION 2000		20. EMPLOY 2000		21. OFFICE CODE NO. NUMERIC ALPHABETIC 44200 CR		22. POSITION 2200		23. GRADE 2300		24. DATE OF BIRTH MO. DA. YR. 10 109 18	
25. W/2 EMP RES MO. DA. YR.		26. SPECIAL REFERENCE		27. RETIREMENT DATA 1 = CSI 2 = FICA 3 = NONE		28. RECORD IN DATA 2000		29. CORRECTION/CANCELLATION DATA MO. DA. YR.		30. FOD DATA FOD DATA	
31. APT. PREFERENCE 2 = none 3 = 12 hr		32. SERA. COMP. DATE MO. DA. YR.		33. LING. COMP. DATE MO. DA. YR.		34. M. H. DATA 2 = none		35. HEALTH / MENTAL INSURANCE 0 = OFFER 1 = YES		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 = NO PREVIOUS SERVICE 2 = BREAK IN SERVICE LESS THAN 12 MOS 3 = BREAK IN SERVICE MORE THAN 12 MOS				38. FEDERAL TAX DATA FEDERAL TAX DATA		39. STATE TAX DATA STATE TAX DATA		40. FOD DATA CODE 1 = YES 2 = NO		41. OTHER DATA OTHER DATA	
42. POSITION CONTROL CERTIFICATION GWA 11-28-61						43. O.P. APPROVAL H. Lipp			44. DATE APPROVED 17 Nov 61		

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RE ASSIGNMENT						NO DA YR 11 25 61		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2121 1000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER CH.						0274		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 5			15030		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	NUMERICAL	ALPHABETIC	75013		1	NO DA YR	NO DA YR	NO DA YR	NO DA YR	
		44200	CA				10 09 18				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO	
NO DA YR				1. CSC 2. FICA 3. NONE	CODE			TYPE NO DA YR			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LED		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE	0. NONE 1. 5 YR. 2. 10 YR.	NO DA YR		NO DA YR		1. YES 2. NO	CODE	CODE	ALL WRITER 1. YES 2. NO	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS				FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE	
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)						1. YES 2. NO				1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>mlh 01-04-62</i> </div>											

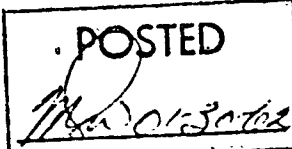
SECRET

(When Filled In)

PSC: 26 JAN 62

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013942		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 01 29 62	
		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2121 1000 1000	
X		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP, CA STAFF OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0454	
		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	
		16. GRADE AND STEP 15 5	
		17. SALARY OR RATE 15030	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 41100 ALPHABETIC CA	22. STATION CODE 75013
23. INTEGRAL CODE 1	24. HOURS CODE 10	25. DATE OF BIRTH 09 18	26. DATE OF GRADE 10 09 18
27. DATE OF LEI NO DA YR	28. NTE EXPIRES NO DA YR	29. SPECIAL REFERENCE 20	30. RETIREMENT DATA CSC 1 YES 2 NO
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. SECURITY REQ NO	34. SER
35. VET. PREFERENCE CODE 0 NONE 1 10 PT 2 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. MIL SERV CREDIT/LCD 1 YES 2 NO
39. REGIT. HEALTH INSURANCE CODE 0 ABANDON 1 YES	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 NO PREVIOUS SERVICE 2 NO BREAK IN SERVICE 3 BREAK IN SERVICE (LESS THAN 12 MOS) 4 BREAK IN SERVICE (MORE THAN 12 MOS)	42. LEAVE LAT CODE
43. FEDERAL TAX DATA FORM ENDED 1 YES 2 NO	44. STATE TAX DATA CODE 1 YES 2 NO	45. SIGNATURE OR OTHER AUTHENTICATION	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED  </div>			

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 29 May 1962	
1. SERIAL NUMBER 013842		2. NAME (Last-First-Middle) Hunt, S. Howard					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 01 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FLDS V TO V CF TO V X CF TO CF		7. COST CENTER NO. CHARGE-ABLE 3129-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/DCDS Facilities branch Research and Publications Section				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops. Officer-3Ch8				12. POSITION NUMBER 0092		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES C316.C1		16. GRADE AND STEP 15 5		17. SALARY OR RATE 15,030.00	
18. REMARKS PRA Requested per R - 20-10, para 10C(2) for a period of 90 days. DDP/CA Staff Office of the Chief/454 - / CONCUR: Helen Ingraham (By Phone) CSID SM							
19A. SIGNATURE OF REQUESTING OFFICIAL Virginia C. Lynch, DODS/Pers.				DATE SIGNED 6/1/62		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 6/1/62	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION IN EMPLOY CODE		20. OFFICE CODE NO. NUMERIC ALPHABETIC 400		21. DATE OF BIRTH MO DA YR 1 10 19 18		22. DATE OF LEI MO DA YR	
23. DATE EMP RES MO DA YR		24. SPEC. REFERENCE 80		25. SEPARATION DATA CODE TYPE MO DA YR		26. SECURITY REQ. NO.	
27. VET. PREFERENCE CODE		28. SERV. COMP. DATE MO DA YR		29. MIL. SERV. CREDITED CODE		30. SOCIAL SECURITY NO.	
31. PREVIOUS GOVERNMENT SERVICE DATA CODE		32. FEDERAL TAX DATA CODE		33. STATE TAX DATA CODE		34. STATE TAX DATA CODE	
35. POSITION CONTROL CERTIFICATION 6/1/62		36. O.P. APPROVAL 6/1/62		DATE APPROVED 6/1/62			

BWS: 21 JUNE 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
<div>UCF</div> <div>1. SERIAL NUMBER 2 NAME (LAST-FIRST MIDDLE)</div> <div>013842 HUNT E HOWARD</div>											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						07 01 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (NARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		X		CF TO CF		3129 1000 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER CH						0092		D			
14. CLASSIFICATION (SCHEDULE (GS, LB, etc.))				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 5		15030			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. MQUIL CODE	
37		10		53400 DODS		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEV		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEV	
10 09 18						10 09 18					
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO.	
NO DA YR		80		1. LSC 2. FICA 3. NONE		CODE		TYPE NO DA YR		EOD DATA	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP. DATE		40. MIL SERV CREDIT/LCO		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE 0 NONE 1 SPT 2 TOPT		NO DA YR		NO DA YR		1 YES 2 NO		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT				45. FEDERAL TAX DATA			
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)				CODE				ACKNOWLEDGED CODE NO TAX EXEMPTIONS			
								FORM EXECUTED 1 YES 2 NO			
								CODE NO TAX STATE CODE			
46. STATE TAX DATA											
FORM EXECUTED 1 YES 2 NO											
CODE NO TAX STATE CODE											
SIGNATURE OR OTHER AUTHENTICATION											
<div>POSTED</div> <div>6-29-62</div>											

ABM: 17 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 16 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3129 2000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFFICER CH						0092		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 5			15030		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MGRS. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	53400 DODS		75013		2	10 09 18				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
		80									
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/17/62</p> </div> <div> <p>099-1762</p> </div> </div>											

FORM 4-62 1150

Use Previous Edition

SECRET

 GROUP 1
 Excluded from automatic
 downgrading and
 declassification

(When Filled In)

(4-81)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 21 September 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	CHIEF, OPERATING COMPONENT -- DODS	HUNT, E. Howard
ATTN:	Miss Lynch	FILE NO. 1088
REF:	Form 1322 MHA dtd 29 Aug 62 requesting cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
US Army Element, Composite Operations Group		
<input checked="" type="checkbox"/>	BLOCK RECORDS: (OPMEMO 20-800-11)	
	a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____	
	b. CONTINUING, EFFECTIVE _____ EOD _____	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800-2)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HB 20-661-1)	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250)	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250)	
<input type="checkbox"/>	REMARKS:	
<p>TIME ADDED 200000 21 SEP 62</p> <p>01 SEP 62</p> <p><i>[Signature]</i></p> <p>45-136</p> <p>ALR/pp CHIEF, MILITARY COVER, CCG</p>		
<input type="checkbox"/>	COPY TO CPG/OP	
DISTRIBUTION: 1-OSD/OS 1-PSD/OS 1-ADPD/COMPT		

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1967.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	43	400	CF	GS-15 6 \$16,965	\$18,240

1 Serial No.		2 Name		3 Cost Center Number		4 LWOP Hours				
013842		MUNT, E. HOWARD		53 400 CF						
5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62			
8 Remarks and Authentication										
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Garrison</i> DATE: 7 November 1966</p> <p>PAY CHANGE NOTIFICATION <i>MC</i></p>										

Form 560

Obsolete Previous Edition


(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1966

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	53400	CF	15 5	\$15,030	\$16,485

SECRET

(10 Apr 64 Ed 1a)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 013842						2 NAME (Last-First-Middle) HUNT, E. Howard	
3 NATURE OF PERSONNEL ACTION Reassignment				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 16 64		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS V TO V C TO V		7 COST CENTER NO. CHARGE-ABLE 5129-0253		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. Field C A Staff				10 LOCATION OF OFFICIAL STATION Washington, D.C.			
11 POSITION TITLE Ops Officer - CH				12 POSITION NUMBER 0280		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS-15		15 OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 06		17 SALARY OR RATE \$18,240	
18 REMARKS							
<div style="text-align: right;">  </div>							
19 SIGNATURE OF REQUESTING OFFICER Virginia C. Lynch				DATE SIGNED 9 July 64		100 SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage	
						DATE SIGNED 7/21/64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 12200 601	22 STATION CODE 75012	23 INTEGRITY CODE	24 HOURS CODE 2	25 DATE OF BIRTH MO DA YR 10 09 18	26 DATE OF GRADE MO DA YR
28 NTE EXPIRES MO DA YR 4 12 14	29 SPECIAL REFERENCE 1-ESC 2-FHA 3-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	33 SECURITY REQ NO 34 STR		
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CAR RES PROV TEMP	39 FEDERAL HEALTH INSURANCE CODE 0-WAITER 1-YES	40 SOCIAL SECURITY NO		
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAST CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	
45 POSITION CONTROL CERTIFICATION 30 2A				46 APPROVAL Ronald Gage		DATE APPROVED 7/21/64	

SECRET