

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

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Case#:NW 53294 Date:  
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DOCUMENT INFORMATION

AGENCY ORIGINATOR : CIA  
FROM :  
TO :  
TITLE : PERSONAL HISTORY STATEMENT  
DATE : 03/15/1965  
PAGES : 17

SUBJECTS : WITHHELD  
PERSONAL HISTOR

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MATERIALS.

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[R] - ITEM IS RESTRICTED 104-10104-10167

1577/Arch 65

# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

-Do NOT attempt to complete this form until you have read the following instructions-

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully; avoid using light color inks.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

W. M. EDWARDS

## SECTION I GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (Last-first-middle) HUBER Herbert Gottlieb		2. Age 34	3. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4. Social security number 218 26 5322
5. Nicknames None		6. Other names you have used None		
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above NA				
8. If legal change of name, give particulars (Where and by what authority) NA				
9. Height 74"	10. Weight 201	11. Color of eyes Brown	12. Color of hair Brown	13. Type of complexion Medium
14. Build Medium				
15. Scars (Type and location) Appendectomy		16. Other distinguishing physical features None		
17. Current address (No., Street, City, State & ZIP code—country if not U.S.) 90-A Azalea Drive Shaw AFB, South Carolina 29152			18. Current phone number 436-6150	19. Long distance area code 803
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.) 221 Quaint Acres Drive Silver Spring, Maryland			21. Permanent phone number MA 2-0697	22. Long distance area code 301
23. Office phone number Shaw AFB (775-1111)	24. Office extension 7252 & 2144	25. Legal residence (State, territory or country) Maryland		

## SECTION II POSITION DATA

1. Indicate the type of work or position for which you are applying	
2. Indicate the lowest annual entrance salary you will accept \$	
3. Dates available for employment Earliest: May 12, 1965 Latest:	
4. Indicate your willingness to travel: <input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/> Other (Specify):	
5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable <input checked="" type="checkbox"/> Washington, D.C. <input type="checkbox"/> Anywhere in U.S. <input checked="" type="checkbox"/> Outside continental U.S. <input type="checkbox"/> Certain locations only (specify):	
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area None (Preference for Southeast and Texas west in U.S. and Europe, overseas.)	
(For Office Use Only)	

GENERAL

POSITION DATA

## SECTION III

## CITIZENSHIP

1. Date of birth January 8, 1931		2. Place of birth (City, State, Country) Baltimore, Maryland, USA		3. Present citizenship (Country) USA	
4. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		5. Date naturalized NA		6. Naturalization certificate number NA	
7. Court issuing naturalization certificate NA		8. Issued at (City, State, Country) NA			
9. If alien, give alien registration number NA		10. Date of arrival in U.S. NA			
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If yes, give name of country NA			
13. Give particulars concerning previous nationalities NA					
14. Last U.S. visa (Number, type, place of issue) NA				15. Date visa issued NA	

## SECTION IV

## MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify →				Married	
2. State date, place, and reason for all separations, divorces or annulments NA					
Wife, husband or fiancé		If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.			
3. Name of spouse		(First)	(Middle)	(Maiden)	(Last)
		Bernadette	Marilyn	Early	Huber
4. State any other names ever used by spouse None					
Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.					
5. Date of birth December 15, 1932		6. Place of birth (City, State, Country) Duluth, Minnesota, USA		7. Date of marriage February 5, 1955	
8. Place of marriage (City, State, Country) Duluth, Minnesota				9. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Citizenship USA		11. Former citizenship(s) [country(ies)] None		12. If alien, give alien registration number NA	
13. Date U.S. citizenship acquired NA		14. Where acquired NA		15. Date of arrival in U.S. NA	
16. Naturalization certificate number NA		17. Date of death NA			
18. Cause of death NA		19. Current address (Give last address, if deceased) 90-A Azalea Drive, Shaw AFB, South Carolina 29152			
20. Occupation Wife and Mother		21. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers) NA			
22. Employer's or business address (Number, Street, City, State, Country) NA					
23. Dates of military service (From—to—by month & year) Jan 52 to Jan 55		24. Branch of military service U.S. Air Force		25. Country with which military service affiliated USA	
26. Details of other government service, U.S. or foreign None					

## SECTION V

## CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents:

Name	Relationship	Date & Place of Birth	Citizenship	Address
Bernadette Marilyn Huber	Wife	December 15, 1932 Duluth, Minnesota	USA	90-A Azalea Drive Shaw AFB, S.C.
Michele Gisella Huber	Dau	May 26, 1955 Washington, D.C.	USA	90-A Azalea Drive Shaw AFB, S.C.
Mark Gottlieb Huber	Son	July 16, 1956 Austin, Texas	USA	90-A Azalea Drive Shaw AFB, S.C.
Stephen Edward Huber	Son	July 10, 1958 Houston, Texas	USA	90-A Azalea Drive Shaw AFB, S.C.
David Gottfried Huber	Son	May 13, 1961 Wiesbaden Germany	USA	90-A Azalea Drive Shaw AFB, S.C.

2. No. of children (include stepchildren &amp; adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting.

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3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting.

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## SECTION VI

## FATHER (Give same information for stepfather and/or guardian on a separate sheet)

1. Full name (Last—First—Middle)			
Huber Gottlieb NMI			
2. State other names he has used			
None			
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth (City, State, Country)	5. Living	
July 4, 1904	Unterschutzen, Austria	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
NA	NA	USA	
9. Former citizenship(s) (country(ies))	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)	
Austria	May 13, 1929	Baltimore, Maryland	
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date of arrival in U.S.	
2929076	NA	April 1923	
15. Current address (Give last address, if deceased)			
221 Quaint Acres Drive, Silver Spring, Maryland			
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)		
Construction Superintendent	Charles H. Thompkins Co.		
18. Employer's business address or father's business address if self-employed			
16th Street, NW, Washington, D.C.			
19. Dates of military service (From— to—)	20. Branch of military service	21. Country with which affiliated	
NA	NA	NA	
22. Details of other government service, U.S. or foreign			
None			

## SECTION VII

## MOTHER (Give same information for stepmother on a separate sheet)

1. Full name (Last—First—Middle—Maiden)			
Huber Gisella NMI Graf			
2. State other names she has used			
None			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living	
Feb 17, 1909	Unterschutzen, Austria	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
Nov 9, 1949	Suicide	USA	

MOTHER (Continued)

9. Former citizenship(s) [country(ies)] Austria	10. Date U.S. citizenship acquired Sep 9, 1940	11. Where acquired (City, State, Country) Baltimore, Maryland
12. Naturalization certificate number 4984929	13. If alien, give alien registration number NA	14. Date of arrival in U.S. Sep 1929
15. Current address (Give last address, if deceased) Deceased - 615 Lycoming Avenue, Silver Spring, Maryland		
16. Occupation NA	17. Present employer (Give last employer if mother deceased or unemployed) NA	
18. Employer's business address or mother's business address if self-employed NA		
19. Dates of military service (From— to—) NA	20. Branch of military service NA	21. Country with which affiliated NA
22. Details of other government service, U.S. or foreign None		

SECTION VIII

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

(1)	1. Full name (Last—First—Middle—Maiden) Huber Walter Edward	2. Relationship Brother	3. Citizenship (Country) USA
	4. Date of birth Jun 23, 1932	5. Place of birth (City, State, Country) Baltimore, Maryland, USA	6. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed) GSA - Civil Service	8. Current address (Give last address, if deceased) 502 Calvin Lane, Rockville, Maryland	
(2)	1. Full Name (Last—First—Middle—Maiden) Huber Alfred Graf	2. Relationship Brother	3. Citizenship (Country) USA
	4. Date of birth Apr 13, 1935	5. Place of birth (City, State, Country) Baltimore, Maryland, USA	6. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed) DNA - Civil Service	8. Current address (Give last address, if deceased) 3131 Christine Ave, Beltsville, Maryland	
(3)	1. Full Name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)	8. Current address (Give last address, if deceased)	
(4)	1. Full Name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)	8. Current address (Give last address, if deceased)	
(5)	1. Full Name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)	8. Current address (Give last address, if deceased)	
(6)	1. Full Name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)	8. Current address (Give last address, if deceased)	

(For Office Use Only)

**SECTION IX**

**FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)

1. Full name, (last-first-middle) Early Bernard Joseph		
2. State other names he has used None		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth Jul 6, 1900 (?)	4. Place of birth Duluth, Minnesota	5. Living <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Date of death Dec 26, 1934	7. Cause of death Tuberculosis	8. Citizenship (Country) USA
9. Former citizenship(s) [country(ies)] None	10. Date U.S. citizenship acquired NA	11. Where acquired (City, State, Country) NA
12. Naturalization certificate number NA	13. If alien, give alien registration number NA	14. Date of arrival in U.S. NA
15. Occupation Unknown	16. Present employer (Give last employer if father-in-law deceased or unemployed) Unknown	
17. Current address (Give last address, if deceased) Deceased - 307 9th Ave. West, Duluth, Minnesota		

**SECTION X**

**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

1. Full name (Last—First—Middle—Maiden) Early Mae Virginia Beach		
2. State other names she has used None		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where & by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth May 31, 1905	4. Place of birth Virginia, Minnesota	5. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death NA	7. Cause of death NA	8. Citizenship (Country) USA
9. Former citizenship(s) [country(ies)] None	10. Date U.S. citizenship acquired NA	11. Where acquired (City, State, Country) NA
12. Naturalization certificate number NA	13. If alien, give alien registration number NA	14. Date of arrival in U.S. NA
15. Occupation Officeworker	16. Present employer (Give last employer if mother-in-law deceased or unemployed) Plaunt Plumbing Co, Duluth, Minnesota	
17. Current address (Give last address, if deceased) 810 N 8th Ave. East, Duluth, Minnesota		

**SECTION XI**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

(1)	1. Name (Last—First—Middle) Huber John NMI & family	2. Relationship Uncle	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #1 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	
(2)	1. Name (Last—First—Middle) Huber Edward NMI & family	2. Relationship Uncle	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #70 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	
(3)	1. Name (Last—First—Middle) Kurtz, Hermina NMI & family	2. Relationship Aunt	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #46 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	

RELATIVES WITH FOREIGN CONNECTIONS (Continued)

RELATIVES WITH FOREIGN CONNECTIONS

(4)	1. Name (Last—First—Middle) Graf Leopold NMI & family	2. Relationship Uncle	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #3 Unterschutzen, Austria		
	7. Employed by Self (farmer)	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	
(5)	1. Name (Last—First—Middle) Kamer Gerti NMI (Huber) & family	2. Relationship Cousin	3. Date of birth Unk	4. Place of birth (City, State, Country) Unterschutzen, Aus
	5. Citizenship (Country) Austria	6. Address or country in which relative resides #22 Unterschutzen, Austria		
	7. Employed by Unknown	8. Frequency of contact Seldom	9. Date of last contact Dec 1964	

SECTION XII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

RELATIVES IN THE SERVICE OF THE UNITED STATES

(1)	1. Name (Last—First—Middle) Huber Walter Edward	2. Relationship Brother	3. Date of birth Jun 23, 32	4. Place of birth (City, State, Country) Balto Md USA
	5. Citizenship (Country) USA	6. Address (Number, Street, City, State, Country) 502 Calvin Lane Rockville, Maryland		7. Type and location of service (If known) GSA - Civil Service Washington, D.C.
	1. Name (Last—First—Middle) Huber Alfred Graf	2. Relationship Brother	3. Date of birth Apr 13, 35	4. Place of birth (City, State, Country) Balto Md USA
(2)	5. Citizenship (Country) USA	6. Address (Number, Street, City, State, Country) 3131 Christine Avenue Beltsville, Maryland		7. Type and location of service (If known) DNA - Civil Service Washington, D.C.
	1. Name (Last—First—Middle) Huber Erwin Unknown	2. Relationship Cousin	3. Date of birth Unk	4. Place of birth (City, State, Country) Canada (?)
(3)	5. Citizenship (Country) USA	6. Address (Number, Street, City, State, Country) 6615 48th Street NW Tacoma, Washington 98467		7. Type and location of service (If known) USAF - Military McChord AFB, Wash State

SECTION XIII EDUCATION

EDUCATION

ELEMENTARY SCHOOL							
1. Name of elementary school	2. Address (City, State, Country)		3. Years attended (From — to —)	4. Graduate			
Alex Hamilton #65	Baltimore, Maryland		Feb 37-Feb 43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
HIGH SCHOOLS							
1. Name of high school	2. Address (City, State, Country)		3. Years attended (From — to —)	4. Graduate			
Gwynns Falls Jr High #91	Baltimore, Maryland		Feb 43-Feb 46	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Baltimore City College	Baltimore, Maryland		Feb 46-Feb 49	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE OR UNIVERSITY STUDY							
Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1. University of Maryland College Park, Md & Germany	Bus Adm	Educ	Sep 49 - Mar 63	BA	June 1963	B+ upper level courses Unk	128 sem
2. Mississippi Southern at Biloxi, Mississippi	Math		Sep 57 - Nov 57	No	NA	0	4 sem
3. University of Texas Austin, Texas	Math		Dec 56 - May 57	No	NA	A	6 sem
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.							
NA							

**EDUCATION (Continued)**

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

Name and address of school	Study or specialization	From	To	No. of months
1 University of Benjamin Franklin Washington, D.C.	Accounting and Bus Law	Oct 54	Dec 54	3
2 University of Benjamin Franklin Washington, D.C.	Accounting and Bus Law	Sep 50	Dec 50	4
3.				

**MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.**

Name and address of school	Study or specialization	From	To	No. of months
1 AB 30330 Keesler AFB, Mississippi	Ground Electronic Countermeasures	Aug 57	Feb 58	7
2 AB 641XX Lowry AFB, Colorado	Air Force Supply	Mar 51	May 51	3
3.				

Other education or training not indicated above

FR-700 Ampex Video Tape Recorder Operation and Maintenance

On-duty Manufacturer's representative conducted training in Operation and Maintenance of Electronic Data Analysis Equipment

**SECTION XIV**

**FOREIGN LANGUAGE ABILITIES**

1. List below the foreign language or languages on which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.

If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.

If you have no proficiency in any foreign language, check (X) box at right and leave other items blank.

	Level of Skill					HOW ACQUIRED [Check (X) Box(es) which apply]			
	(Slight)	2	3	4	(Native)	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study
	0 = No proficiency in a specific skill factor	SKILL FACTORS							
	Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension				
German	2	1	4	2	2		X	X	X
German (Burgenland dialect)	-	-	3	2	2			X	
Russian	0	0	1	0	0				X

2. If you have had experience as a translator, interpreter or instructor—explain  
None

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.  
None

4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected?  Yes  No



SECTION XV

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

List below any foreign regions or countries in which you have travelled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by—Check (X)			
				Residence	Travel	Study	Work Assignment
Eng & Scotland	Limited	Jan-May 56		X			
Germany	General	Jun 59-63		X	X		
Holland	None	Apr 63			X		
Austria	Limited	61,62,63			X		

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above  
 Eng & Scotland - Military Assignment                                      Austria - Visit Relatives  
 Germany - Military Assignment  
 Holland - Visit as tourist

3. United States Passport Number & Expiration Date, if issued → NA

SECTION XVI

TYPING AND STENOGRAPHIC SKILLS

1. Typing (WPM) 30      2. Shorthand (WPM) 0      3. Indicate 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.)  
 General office machines

SECTION XVII

SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.  
 Swimming, Bowling, Fishing, Dancing - Amateur, but "hold my own"

2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.  
 Education, training and work experience in techniques and procedures of Electronic Data Readout, Analysis and Evaluation, Maintenance and Operation of associated Equipment.

3. Excluding business equipment or machines which you may have listed in item 4, section XVI, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, scientific & professional devices.  
 Maintenance and Operation of Electronic Data Analysis and Readout equipment

4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.  Yes  No

5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)  
 NA

6. First License/Certificate (year of issue)  
 NA

7. Latest License/Certificate (year of issue)  
 NA

8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)  
 NA

9. Indicate any devices which you have invented and state whether or not they are patented.  
 None

10. List public speaking and public relations experience.  
 None, other than college requirements and military training, as student and instructor

11. List any professional, academic or honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.  
 Dean's List - University of Maryland

