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"PERSONAL QUALIFICATIONS STATEMENT"

INSTRUCTIONS—Fill out this form only when necessary for completion of Item 20 "EXPERIENCE," on Standard Form 171. Enclose with your Statement. Typewrite or write clearly in dark ink.

1. Name (<i>Last</i>) (<i>First</i>) (<i>Middle</i>) (<i>Maiden, if any</i>) ☐ Mr. ☐ Miss ☐ Mrs.	2. Birth date (<i>Month, day, year</i>)
3. Kind of position applied for, or name of examination	4. Date of this continuation sheet

[illegible]

Dates of employment (<i>month, year</i>)		Exact title of position		If Federal service, civilian or military grade	
From _____ To _____					
Salary or earnings		Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (<i>manufacturing, accounting, insurance, etc.</i>)
Starting \$ _____ per _____					
Final \$ _____ per _____					
State: _____					
Name of immediate supervisor			Name of employer (<i>firm, organization, etc.</i>) and address (<i>including ZIP Code, if known</i>)		
Area Code and phone No. if known					
Reason for leaving					
Description of duties and accomplishments in your work					
				For agency use (<i>skill codes, etc.</i>)	

[illegible]

Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade	
From To					
Salary or earnings		Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting \$ per			City:		
Final \$ per			State:		
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
Area Code and phone No. if known					
Reason for leaving					
Description of duties and accomplishments in your work					
For agency use (skill codes, etc.)					
Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade	
From To					
Salary or earnings		Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting \$ per			City:		
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Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
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Starting \$ per			City:		
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Final \$ per			State:		
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Area Code and phone No. if known					
Reason for leaving					
Description of duties and accomplishments in your work					
For agency use (skill codes, etc.)					

CONTINUATION SHEET FOR STANDARD FORM 171

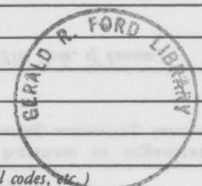
"PERSONAL QUALIFICATIONS STATEMENT"

Office of Management and Budget
Approved 50-R0388

INSTRUCTIONS—Fill out this form only when necessary for completion of Item 20 "EXPERIENCE," on Standard Form 171. Enclose with your Statement. Typewrite or write clearly in dark ink.

1. Name (Last) (First) (Middle) (Maiden, if any) ☐ Mr. ☐ Miss ☐ Mrs.	2. Birth date (Month, day, year)
3. Kind of position applied for, or name of examination	4. Date of this continuation sheet

Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade	
From To					
Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)	
Starting \$ per		City:			
Final \$ per		State:			
Name of immediate supervisor		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known					
Reason for leaving					
Description of duties and accomplishments in your work					
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Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade	
From To					
Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)	
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From To					
Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)	
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Area Code and phone No. if known					
Reason for leaving					
Description of duties and accomplishments in your work					
For agency use (skill codes, etc.)					

THE WHITE HOUSE OFFICE

REFERRAL

To:

Date:

ACTION REQUESTED

- ☐ Draft reply for:
☐ President's signature.
☐ Undersigned's signature.
- ☐ Memorandum for use as enclosure to reply.
- ☐ Direct reply.
☐ Furnish information copy.
- ☐ Suitable acknowledgment or other appropriate handling.
☐ Furnish copy of reply, if any.
- ☐ For your information.
- ☐ For comment.

NOTE

Prompt action is essential.

If more than 72 hours' delay is encountered, please telephone the undersigned immediately, Code 1450.

Basic correspondence should be returned when draft reply, memorandum, or comment is requested.

REMARKS:

Description:

☐ Letter: ☐ Telegram: Other:

To:

From:

Date:

Subject:

By direction of the President:



(Copy to remain with correspondence)

THE WHITE HOUSE OFFICE

REFERRAL

To:

Date:

ACTION REQUESTED

- ☐ Draft reply for:
☐ President's signature.
☐ Undersigned's signature.
- ☐ Memorandum for use as enclosure to reply.
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☐ Furnish information copy.
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REMARKS:

Description:

☐ Letter: ☐ Telegram: ☐ Other:

To:
From:
Date:
Subject:

By direction of the President:



(Copy to remain with correspondence)

EXECUTIVE PROTECTIVE SERVICE

To: Officer-in-charge
Appointments Center
Room 060, OEOB

Please admit the following appointments on _____, 19____

for _____ of _____ :
(Name of person to be visited) (Agency)

MEETING LOCATION

Building _____

Room No. _____

Requested by _____

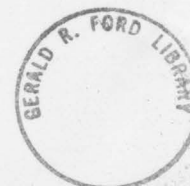
Room No. _____ Telephone _____

Date of request _____

Additions and/or changes made by telephone should be limited to three (3) names or less.

DO NOT DUPLICATE THIS FORM.

APPOINTMENTS CENTER: SIG/OEOB - 395-6046 or WHITE HOUSE - 456-6742



EXECUTIVE PROTECTIVE SERVICE

To: Officer-in-charge
Appointments Center
Room 060, OEOB

Please admit the following appointments on _____, 19____

for _____ of _____ :
(Name of person to be visited) (Agency)

MEETING LOCATION

Building _____

Room No. _____

Requested by _____

Room No. _____ Telephone _____

Date of request _____

Additions and/or changes made by telephone should be limited to three (3) names or less.

DO NOT DUPLICATE THIS FORM.

APPOINTMENTS CENTER: SIG/OEOB - 395-6046 or WHITE HOUSE - 456-6742

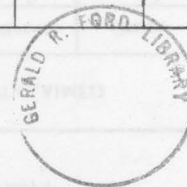


TRANSPORTATION REQUESTS ISSUED

*** Certified correct. Payment or credit has not been received.*

ACCOUNTING CLASSIFICATION

***If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



DEPARTURE FROM OFFICIAL STATION
(DATE) | (HOUR)

[illegible]

Grand total to face of voucher
(Subtotals, to be carried forward if necessary)

*If per diem allowances for members of employee's immediate family are included, give members' names, their relationship to employee, and ages and marital status of children (unless this information is shown on the travel authorization).

TRANSPORTATION REQUESTS ISSUED

*** Certified correct. Payment or credit has not been received.*

ACCOUNTING CLASSIFICATION

***If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

PREVIOUS TEMPORARY DUTY (Complete these blocks only if in travel status immediately prior to period covered by this voucher and if administratively required)

DEPARTURE FROM OFFICIAL STATION	
(DATE)	(HOUR)

[illegible][illegible]

☆U.S.Government Printing Office: 1974 0-551-378

*If per diem allowances for members of employee's immediate family are included, give members' names, their relationship to employee, and ages and marital status of children (unless this information is shown on the travel authorization).

THE WHITE HOUSE
WASHINGTON

DATE: _____

TO: JERRY JONES
FROM:
SUBJECT: Request for Travel

NAME _____

DESTINATION _____

PURPOSE OF TRIP _____

DEPARTURE DATE _____ RETURN DATE _____

MODE OF TRANSPORTATION _____

LODGING ACCOMMODATIONS _____

ESTIMATED TOTAL EXPENSES \$ _____

AUTHORIZATION OF SUPERVISOR _____
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: _____ JERRY JONES

(submit in duplicate)



THE WHITE HOUSE
WASHINGTON

DATE: _____

TO: JERRY JONES

FROM:

SUBJECT: Request for Travel

NAME _____

DESTINATION _____

PURPOSE OF TRIP _____

DEPARTURE DATE _____ RETURN DATE _____

MODE OF TRANSPORTATION _____

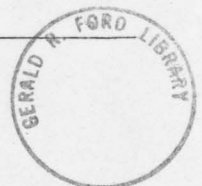
LODGING ACCOMMODATIONS _____

ESTIMATED TOTAL EXPENSES \$ _____

AUTHORIZATION OF SUPERVISOR _____
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: _____
JERRY JONES

(submit in duplicate)



TRAVEL VOUCHER—CONTINUATION SHEET

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Payee's Name _____

[illegible]

Standard Form 1012-B
October 1967
Title 7, GAO Manual
1012-308

Grand total to face of voucher
(Subtotals, to be carried forward if necessary)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Grand total to face of voucher
(Subtotals, to be carried forward if necessary) 

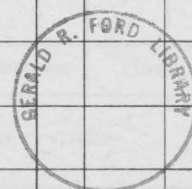
TRAVEL VOUCHER—CONTINUATION SHEET

Payee's Name _____

[illegible]

Standard Form 1012-B
October 1967
Title 7, GAO Manual
1012-308

Grand total to face of voucher
(Subtotals, to be carried forward if necessary)



SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

[illegible]

THE WHITE HOUSE
REQUISITION FOR SUPPLIES

DATE _____

OFFICE OF _____

INDIVIDUAL

ROOM NUMBER

TELEPHONE EXT. _____

ONE ITEM TO A LINE

DO NOT WRITE IN
THIS COLUMN

[illegible]

DATE ISSUE

BY



THE WHITE HOUSE
REQUISITION FOR SUPPLIES

DATE _____

OFFICE OF _____

INDIVIDUAL

ROOM NUMBER

TELEPHONE EXT. _____

ONE ITEM TO A LINE

DO NOT WRITE IN
THIS COLUMN

QUANTITY

PLEASE DESCRIBE EACH ITEM FULLY

PRICE[illegible]

DO NOT WRITE BELOW THIS LINE

DATE ISSUE

BY



Travel Request Forms - outdated;
to be used for worksheets

THE WHITE HOUSE

WASHINGTON

DATE: _____

TO: JAMES E. CONNOR

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME: Fernando E. C. De Baca
(typed and signature)

DESTINATION

PURPOSE OF TRIP

DEPARTURE DATE _____ RETURN DATE _____

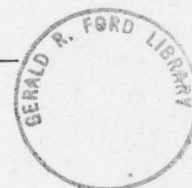
MODE OF TRANSPORTATION _____

LODGING ACCOMMODATIONS

ESTIMATED TOTAL EXPENSES \$ _____

AUTHORIZATION OF SUPERVISOR _____

ACKNOWLEDGED BY _____
(James E. Connor)



(submit in triplicate)

THE WHITE HOUSE
WASHINGTON

DATE: _____

TO: JAMES E. CONNOR

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME: Fernando E. C. De Baca
(typed and signature)

DESTINATION

PURPOSE OF TRIP

DEPARTURE DATE _____ RETURN DATE _____

MODE OF TRANSPORTATION _____

LODGING ACCOMMODATIONS

ESTIMATED TOTAL EXPENSES \$ _____

AUTHORIZATION OF SUPERVISOR _____

ACKNOWLEDGED BY _____
(James E. Connor)



(submit in triplicate)

THE WHITE HOUSE
WASHINGTON

DATE _____

TO: James E. Connor

FROM:

SUBJECT: Request for Travel

NAME _____
(Typed and Signature)

DESTINATION _____

PURPOSE OF TRIP _____

DEPARTURE DATE _____ RETURN DATE _____

MODE OF TRANSPORTATION _____

LODGING ACCOMMODATIONS _____
(Name)

(Address)

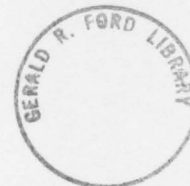
ESTIMATED TOTAL EXPENSES \$ _____

AUTHORIZATION OF SUPERVISOR _____
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: _____

James E. Connor

(Submit in Duplicate)



THE WHITE HOUSE
WASHINGTON

DATE _____

TO: James E. Connor

FROM:

SUBJECT: Request for Travel

NAME _____
(Typed and Signature)

DESTINATION _____

PURPOSE OF TRIP _____

DEPARTURE DATE _____ RETURN DATE _____

MODE OF TRANSPORTATION _____

LODGING ACCOMMODATIONS _____
(Name)

(Address)

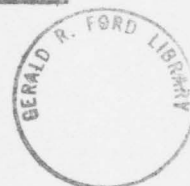
ESTIMATED TOTAL EXPENSES \$ _____

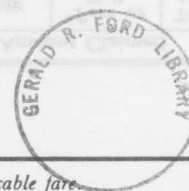
AUTHORIZATION OF SUPERVISOR _____
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: _____

James E. Connor

(Submit in Duplicate)





Voucher No. _____

Schedule No. _____

PAID BY

Agency _____

Name and mailing address of claimant_____

ZIP Code: _____

Indicate by applicable letter, in column 2 below, whether expenditure was for (a) local travel or (b) telephone or telegraph. Miscellaneous expenditures must be specified in detail.

[illegible]

Approved as advantageous to the Government. Long distance telephone calls are certified as necessary in the interest of the Government.

Certified correct. Payment or credit has not been received.

(Date)

(Signature of claimant)

Received in cash, \$ _____

(Date)

(Signature)

Paid by check No. _____

(Date)

** (Approving Officer)

Certified correct and proper for payment:

(Date)

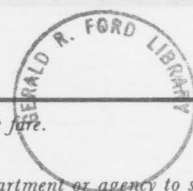
(Authorized Certifying Officer)

ACCOUNTING CLASSIFICATION

*If fare claimed exceeds charge for one person, the number of additional persons accompanying claimant will be shown following applicable fare.

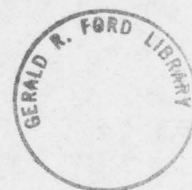
†If private automobile is used, show speedometer readings at beginning and end of trip and number of miles and rate per mile.

***If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).*

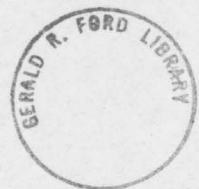


[illegible]

PUBLIC APPEARANCES

[illegible]

PUBLIC APPEARANCES

[illegible]

PRESIDENTIAL APPOINTEE INFORMATION

Page 2

EXPERIENCE
CONTINUED:

BUSINESS OR
PROFESSIONAL
AFFILIATIONS:

PLACE OF BIRTH:

DATE OF BIRTH:

Telephone: Home:

Business:



PRESIDENTIAL APPOINTEE INFORMATION

Page 2

EXPERIENCE
CONTINUED:

BUSINESS OR
PROFESSIONAL
AFFILIATIONS:

PLACE OF BIRTH:

DATE OF BIRTH:

Telephone: Home:

Business:



Sample

PRESIDENTIAL APPOINTEE INFORMATION

NAME:

LEGAL ADDRESS:

MAILING
ADDRESS:

MARITAL STATUS:

FAMILY:

EDUCATION:

CURRENT POSITION
& TITLE:

BUSINESS
ADDRESS:

EXPERIENCE:



PRESIDENTIAL APPOINTEE INFORMATION

NAME:

LEGAL ADDRESS:

MAILING
ADDRESS:

MARITAL STATUS:

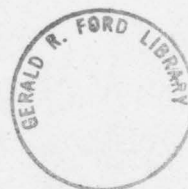
FAMILY:

EDUCATION:

CURRENT POSITION
& TITLE:

BUSINESS
ADDRESS:

EXPERIENCE:



NAME (*Print or type—Last, First, Middle Initial*)

IDENTIFICATION NO.

ORGANIZATIONAL UNIT

FROM (*Mo., Day, Hr.*)

NO. OF
HOURS

TYPE ☐ ANNUAL—"I understand that any annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP." ☐ SICK—Complete other side of this form.
LEAVE ☐ WITHOUT PAY ☐ COMPENSATORY ☐ OTHER (*Specify*)

TO (*Mo., Day, Hr.*)

a.m.
p.m.
a.m.
p.m.

REMARKS

SIGNATURE OF EMPLOYEE

DATE

INSTRUCTIONS: Complete above part of form. If applying for sick leave, check appropriate box on back (top) of form. If you were under care of a doctor, he should complete "CERTIFICATE OF PHYSICIAN OR PRACTITIONER" also on back.

OFFICIAL ACTION ON APPLICATION

☐ APPROVED ☐ DISAPPROVED (*If disapproved, give reason*)

SIGNATURE AND DATE

STANDARD FORM 71
Revised November 1965

71-108

APPLICATION FOR LEAVE

U.S. CIVIL SERVICE COMMISSION
FPM SUPPL. 990-2

EMPLOYEE (If applying for sick leave)	DURING THIS ABSENCE I WAS:	INCAPACITATED FOR DUTY BY:				UNDERGOING MEDICAL, DENTAL, OR OPTICAL EXAMINATION OR TREATMENT
	☐ REQUIRED TO CARE FOR A MEMBER OF MY FAMILY WITH A CONTAGIOUS DISEASE (Give name and relationship of member of family, and name of disease)	☐ SICKNESS	☐ ON-THE-JOB INJURY	☐ OFF-THE-JOB INJURY	☐ PREGNANCY AND CONFINEMENT	☐ REQUIRED TO BE ABSENT BECAUSE OF EXPOSURE TO CONTAGIOUS DISEASE (Give name of disease and circumstances of exposure)
CERTIFICATE OF PHYSICIAN OR PRACTI- TIONER	NAME OF EMPLOYEE		PERIOD UNDER PROFES- SIONAL CARE	FROM (Mo., Day, Year)		
	POSITION OCCUPIED			TO (Mo., Day, Year)		
	REMARKS					
	THE EMPLOYEE NAMED WAS UNDER MY PROFESSIONAL CARE DURING THE PERIOD STATED ABOVE. From the medical standpoint, his condition during this period was such that I considered it inadvisable for him to report to work.					
SIGNATURE _____			DATE _____			

NAME (Print or type—Last, First, Middle Initial)

IDENTIFICATION NO.

ORGANIZATIONAL UNIT

FROM (Mo., Day, Hr.)

NO. OF HOURS

TYPE ☐ ANNUAL—"I understand that any annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP." ☐ SICK—Complete other side of this form.
OF
LEAVE ☐ WITHOUT PAY ☐ COMPENSATORY ☐ OTHER (Specify)

TO (Mo., Day, Hr.)

REMARKS

SIGNATURE OF EMPLOYEE

DATE

INSTRUCTIONS: Complete above part of form. If applying for sick leave, check appropriate box on back (top) of form. If you were under care of a doctor, he should complete "CERTIFICATE OF PHYSICIAN OR PRACTITIONER" also on back.

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☐ APPROVED ☐ DISAPPROVED (If disapproved, give reason)

SIGNATURE AND DATE

STANDARD FORM 71
Revised November 1965

71-108

APPLICATION FOR LEAVE

U.S. CIVIL SERVICE COMMISSION
FPM SUPPL. 990-2

EMPLOYEE (If applying for sick leave)	DURING THIS ABSENCE I WAS:	INCAPACITATED FOR DUTY BY: ☐ SICKNESS ☐ ON-THE-JOB INJURY ☐ OFF-THE-JOB INJURY ☐ PREGNANCY AND CONFINEMENT			☐ UNDERGOING MEDICAL, DENTAL, OR OPTICAL EXAMINATION OR TREATMENT
	☐ REQUIRED TO CARE FOR A MEMBER OF MY FAMILY WITH A CONTAGIOUS DISEASE (Give name and relationship of member of family, and name of disease)		☐ REQUIRED TO BE ABSENT BECAUSE OF EXPOSURE TO CONTAGIOUS DISEASE (Give name of disease and circumstances of exposure)		
CERTIFICATE OF PHYSICIAN OR PRACTI- TIONER	NAME OF EMPLOYEE		PERIOD UNDER PROFES- SIONAL CARE	FROM (Mo., Day, Year)	
	POSITION OCCUPIED			TO (Mo., Day, Year)	
	REMARKS		REMARKS		
THE EMPLOYEE NAMED WAS UNDER MY PROFESSIONAL CARE DURING THE PERIOD STATED ABOVE. From the medical standpoint, his condition during this period was such that I considered it inadvisable for him to report to work.					
SIGNATURE _____			DATE _____		

INFORMATION NEEDED CONCERNING NEW PERSONNEL

NAME (as it is to appear on payroll) (Miss, Mrs.) : _____
(Mr., Dr.) : _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBER: (Home) _____; (Office) _____

MARITAL STATUS (Circle one): Single, Married, Widowed, Separated, Divorced.

Name of Wife or Husband: _____

SOCIAL SECURITY ACCOUNT NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LEGAL RESIDENCE: _____

MILITARY SERVICE: Branch: _____ Dates of service: _____

Have you established Veterans Preference? _____ 5 or 10 point? _____

SPECIAL SKILLS: Typing WPM _____ Shorthand WPM _____

GOVERNMENT SERVICE INFORMATION:

Are you now, or have you previously been employed in the Executive, Legislative, or Judicial Branch of the Federal Government, or the District of Columbia Government? Yes _____. No _____.

If so, please complete the following:

(a) Current or latest place of such employment (prior to White House assignment):

Department or Agency: _____

Branch or Division: _____

(b) Ending date of such service (if applicable): _____

(c) Type of appointment (Career-Conditional, Career, Indefinite, Excepted, or Temporary Limited): _____

(d) Position Title: _____ Grade _____ Salary \$ _____

(e) Date of (1)—last promotion or grade change: _____

(2)—last within-grade pay increase: _____

(f) Coverages (indicate Yes or No):

(1) Civil Service Retirement _____) If both at one time or another,

(2) Social Security (FICA) _____) which latest? _____

(3) Federal Employees Group LIFE Insurance (FEGLI): Regular _____ Optional _____. (If waived such coverage—give date of waiver: _____.)

(4) Federal Employees HEALTH BENEFITS Insurance (FEHBP) _____

Date of entrance on duty at White House: _____

Office to which assigned: _____ Date of this form: _____



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

REQUEST FOR PERSONNEL ASSIGNMENT

Date: _____

FROM: _____

Name of Proposed Employee: (Miss) _____
(Mrs.) _____
(Mr.) _____

Position: (a) Position title: _____

(b) Grade and Salary: _____

Payroll (check one): _____ White House Office (Regular Salary & Expenses)
_____ White House Office (Special Projects)
_____ Other (specify: _____)

Length of Assignment (check one):

_____ Temporary (No. of Months _____ or
_____ (Not to exceed _____)
_____ Indefinite
_____ Permanent

Desired effective date: _____

Justification for assignment: _____

Present place of employment or assignment: _____

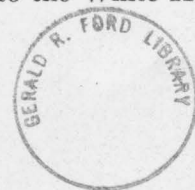
I hereby endorse and authorize the above
described personnel action for my office:

(Signature of Requesting Official)

Attachment(s) needed.—In all cases—"Information Needed Concerning New Personnel".

For appointment other than White House rolls: SF 171, Application for Federal Employment.

If to be appointed White House rolls it is desirable to have SF 171 furnished, preferably attached to this request. If the 171 is not available as an attachment to this request form, send it to the White House Personnel Office, Room 6, E.O.B., when completed.



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THE WHITE HOUSE

WASHINGTON

REQUEST FOR PERSONNEL ASSIGNMENT

Date: _____

FROM: _____

Name of Proposed Employee: (Miss) _____
(Mrs.) _____
(Mr.) _____

Position: (a) Position title: _____

(b) Grade and Salary: _____

Payroll (check one): _____ White House Office (Regular Salary & Expenses)
_____ White House Office (Special Projects)
_____ Other (specify: _____)

Length of Assignment (check one):

_____ Temporary (No. of Months _____ or
_____ (Not to exceed _____)
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Desired effective date: _____

Justification for assignment: _____

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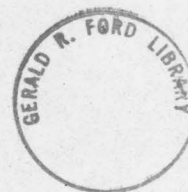
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PERSONAL QUALIFICATIONS STATEMENT



IMPORTANT

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY
BEFORE FILLING OUT YOUR STATEMENT**

All requested information must be furnished. The information you give will be used to determine your qualifications for employment.

It is **IMPORTANT** that you answer all questions on your Statement *fully* and *accurately*; failure to do so may delay its consideration and could mean loss of employment opportunities.

If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable.

GENERAL INSTRUCTIONS

- Use typewriter if available. Otherwise, write legibly or print clearly in dark ink.
- If you are applying for a specific civil service examination, follow exactly the directions in the examination announcement as well as the instructions for filling out this form.
- For a written examination, the admission card tells you what to do with this Statement.
- If the examination involves no written test, mail this Statement to the office named in the examination announcement. Be sure to mail to the same office any other forms required in the announcement.
- Notify the office with which you file this Statement of any change in your name or address.

INSTRUCTION RELATING TO SPECIFIC ITEMS

ITEM 13. LOWEST GRADE OR SALARY

- Enter the lowest grade OR the lowest salary you will accept. You

PLEASE READ ADDITIONAL INSTRUCTIONS ON BACK OF THIS SHEET

will not be considered for any lower grade or salary; you *will* be considered for higher grades or salary. If you enter grade, do not enter salary.

ITEM 19. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

- Five-point preference is granted to veterans if they are honorably separated from the armed forces; (a) after active duty during the periods April 6, 1917, to July 2, 1921, or December 7, 1941, to July 1, 1955; (b) after more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard programs); or (c) after service in a campaign for which a campaign badge has been authorized.
- If you claim five-point preference, you are not required to furnish records to support your claim until the time of appointment.
- Ten-point preference is granted in some cases to disabled veterans, including veterans awarded the Purple Heart, to widows of veterans, to wives of disabled veterans, and to mothers of deceased or disabled veterans. See Standard Form 15, Claim for 10-Point Veteran Preference.
- If you claim ten-point preference, complete Standard Form 15 and attach it, together with the proof called for in that form, to this Statement.

ITEM 20. EXPERIENCE

- Take time to fill in these experience blocks carefully and completely. Your qualifications rating depends in a large part on your experience and employment history. *Failure to give complete details may delay consideration of your Statement.* Answers given in this item may be verified with former employers.
- When the block contains experience in more than one type of work (examples: carpentry and painting, or personnel and budget) estimate and indicate the approximate percentage of time spent in each type of work. Place these percentages in parentheses at the end of the description of the duties.

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)					
May inquiry be made of your present employer regarding your character, qualifications, and record of employment?.....					☐ Yes ☐ No
(A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)					
1	Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade
	From	To PRESENT TIME			
Salary or earnings		Avg. hrs.	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting \$ per		per week	City:		
Present \$ per			State:		
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
Area Code and phone No. if known					
Reason for wanting to leave					
Description of duties, responsibilities, and accomplishments					
					For agency use (skill codes, etc.)
2	Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military grade
	From	To			
Salary or earnings		Avg. hrs.	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting \$ per		per week	City:		
Final \$ per			State:		
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
Area Code and phone No. if known					
Reason for leaving					
Description of duties, responsibilities, and accomplishments					
					For agency use (skill codes, etc.)
Dates of employment (month, year)		Exact title of position		If Federal service, civilian or military	

Feet _____ Inches _____						☐ Disal.				EMENT NO.																													
8. Birthplace (City and State, or foreign country)						☐ Being Investigated																																	
9. Birth date (Month, day, year)		10. Social Security Account Number																																					
11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.										THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required. ☐ 5-Pt. ☐ 10-Pt. Comp. Disab. ☐ 10-Pt. Other																													
Dates of service in that grade From _____ To _____										Signature and Title _____																													
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.										Agency _____ Date _____																													
										☐ Refer for medical action																													
13. Lowest pay or grade you will accept										14. When will you be available?																													
PAY					GRADE																																		
\$ _____ per					OR																																		
15. Will you accept temporary employment for:										16. Where will you accept a job?										17. Will you accept less than full time work?																			
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)										YES NO										YES NO										(Less than 40 hours per week) ☐ Yes ☐ No									
—1 month or less?																																							
—1 to 4 months?																																							
—4 to 12 months?																																							
										—Washington, D.C.																				18. Are you willing to travel? (Check one)									
										—Any place in the United States.																				NO SOME OFTEN									
										—Outside of the United States.																													
										—Only in (specify):																													
19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."																				Yes No																			
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)																																							
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)																																							
If "Yes," give details in Item 37.																																							
C. Do you claim 5-point preference based on active duty in the armed forces?																																							
If "Yes," you will be required to furnish records to support your claim at the time you are appointed.																																							
D. Do you claim 10-point preference?																																							
If "Yes," check type of preference claimed and complete and attach Standard Form 15. "Claim for 10-point Veteran Preference," together with the proof called for in that form																																							
TYPE: ☐ Compensable disability ☐ Disability ☐ Wife ☐ Widow ☐ Mother																																							
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)																																							
From _____ To _____										Branch of Service _____										Serial or Service Number _____																			

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171
September 1971 U.S. Civil Service Commission
171-104

Page 1

ITEM 20. EXPERIENCE—(Continued)

- **Block 1**—Describe your present position in this block. Indicate in this block if you are now unemployed or if you have never been employed.
- **Blocks 2 and 3**—Describe in Block 2 the position you held just before your present position, and continue to work backwards using Block 3.
- **Need for additional blocks**—If you need more experience blocks, use Standard Form 171-A, Continuation Sheet, or a plain piece of paper. If you use plain paper, each experience block must contain all of the information requested in Item 20 of the printed Statement. If there is not enough space in any of the experience blocks to describe the positions held, continue the description on a plain piece of paper. Identify each plain sheet at the top by showing your name, birth date, examination or position title, and the block under Item 20 from which the description is continued. Attach these supplemental sheets to the top of page 3 at place marked, "Attach Supplemental Sheets or Forms Here."
- **Description of duties, responsibilities, and accomplishments**—Describe each job briefly, including required skills and abilities. Include description of any specialties and special assignments; your authority and responsibility; your relationships to others; accomplishments; and any other factors which help describe the job.
- **General Information**—If supervision over other employees was one of your duties, be sure to indicate the number and kind (and grades, if Federal Government) of employees supervised by you, and explain your duties as a supervisor under description of duties.
- Indicate in each block of Item 20 the name under which you were employed if it was different from the name in Item 4 of this Statement. Show if former in parentheses after "Description of duties and accomplishments in your work."
- Use separate blocks if your duties, responsibilities, or salary level changed materially while working for the same employer. Treat each such change as a separate position.
- Include your military or merchant marine service in separate blocks in its proper order and describe major duty assignments.
- Experience acquired more than 15 years ago may be summarized in one block if it is not applicable to the type of position applied for.
- Account for periods of unemployment in separate blocks in order.
- Indicate estimated number of hours worked per week in the space provided if you were on part-time work.

- Section 3311 of title 5, United States Code, provides that in examinations in which experience is a factor, credit will be granted for any pertinent religious, civic, welfare, service, and organizational activity which you have performed either with or without compensation. You may, if you wish, report such experience at the end of your employment history if you feel that it represents qualifying experience for the position(s) for which you are applying. Show actual time spent in such activity.

ITEMS 27 AND 28. MEMBERSHIP IN ORGANIZATIONS

- Answer these questions carefully. Admitted past membership and participation in an organization of the type to which this question refers does not by itself disqualify you for Government employment. Consideration will be given to the nature of the organization, the extent of your participation, and any other relevant facts and circumstances.

ITEMS 34 AND 35. RELATIVES EMPLOYED BY THE UNITED STATES GOVERNMENT

- A Federal official (civilian or military) may not appoint any of his relatives or recommend them for appointment in his agency, and a relative who is appointed in violation of this restriction can not be paid. Thus it is necessary to have information about your relatives who are working for the Government. In listing relative(s) in answer to question 34 include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.
- Question 35 is needed because of restrictions in making a career or career-conditional appointment in the competitive service when a person is not entitled to veteran preference and two or more members of his family are already serving in the competitive service under a career or career-conditional appointment.

CERTIFICATION

- Be careful that you have answered all questions on your Statement correctly and considered all statements fully so that your eligibility can be decided on all the facts. Read the certification carefully before you sign and date your Statement.
- Sign your name in ink.
- Use one given name, initial or initials, and surname.

PLEASE DETACH THIS INSTRUCTION SHEET BEFORE SUBMITTING YOUR STATEMENT

INFORMATION NEEDED CONCERNING NEW PERSONNEL

NAME (as it is to appear on payroll) (Miss, Mrs.) _____
(Mr., Dr.) _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBER: (Home) _____; (Office) _____

MARITAL STATUS (Circle one): Single, Married, Widowed, Separated, Divorced.

Name of Wife or Husband: _____

SOCIAL SECURITY ACCOUNT NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LEGAL RESIDENCE: _____

MILITARY SERVICE: Branch: _____ Dates of service: _____

Have you established Veterans Preference? _____ 5 or 10 point? _____

SPECIAL SKILLS: Typing WPM _____ Shorthand WPM _____

GOVERNMENT SERVICE INFORMATION:

Are you now, or have you previously been employed in the Executive, Legislative, or Judicial Branch of the Federal Government, or the District of Columbia Government? Yes _____. No _____.
If so, please complete the following:

(a) Current or latest place of such employment (prior to White House assignment):

Department or Agency: _____

Branch or Division: _____

(b) Ending date of such service (if applicable): _____

(c) Type of appointment (Career-Conditional, Career, Indefinite, Excepted, or Temporary Limited): _____

(d) Position Title: _____ Grade _____ Salary \$ _____

(e) Date of (1)—last promotion or grade change: _____

(2)—last within-grade pay increase: _____

(f) Coverages (indicate Yes or No):

(1) Civil Service Retirement _____) If both at one time or another,

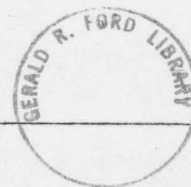
(2) Social Security (FICA) _____) which latest? _____

(3) Federal Employees Group LIFE Insurance (FEGLI): Regular _____ Optional _____. (If waived such coverage—give date of waiver: _____)

(4) Federal Employees HEALTH BENEFITS Insurance (FEHBP) _____

Date of entrance on duty at White House: _____

Office to which assigned: _____ Date of this form: _____



INFORMATION NEEDED CONCERNING NEW PERSONNEL

NAME (as it is to appear on payroll) (Miss, Mrs.) _____
(Mr., Dr.) _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBER: (Home) _____; (Office) _____

MARITAL STATUS (Circle one): Single, Married, Widowed, Separated, Divorced.

Name of Wife or Husband: _____

SOCIAL SECURITY ACCOUNT NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

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Date of entrance on duty at White House: _____

Office to which assigned: _____ Date of this form: _____

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

REQUEST FOR PERSONNEL ASSIGNMENT

Date: _____

FROM: _____

Name of Proposed Employee: (Miss) _____
(Mrs.) _____
(Mr.) _____

Position: (a) Position title: _____

(b) Grade and Salary: _____

Payroll (check one): _____ White House Office (Regular Salary & Expenses)
_____ White House Office (Special Projects)
_____ Other (specify: _____)

Length of Assignment (check one):

_____ Temporary (No. of Months _____ or
_____ (Not to exceed _____)
_____ Indefinite
_____ Permanent

Desired effective date: _____

Justification for assignment: _____

Present place of employment or assignment: _____

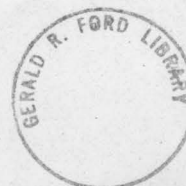
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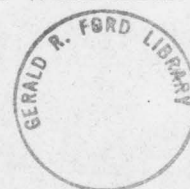
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SOCIAL SECURITY ACCOUNT NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LEGAL RESIDENCE: _____

MILITARY SERVICE: Branch: _____ Dates of service: _____

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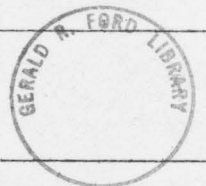
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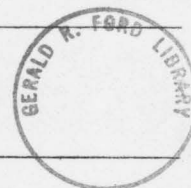
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- Use typewriter if available. Otherwise, write legibly or print clearly in dark ink.
- If you are applying for a specific civil service examination, follow exactly the directions in the examination announcement as well as the instructions for filling out this form.
- For a written examination, the admission card tells you what to do with this Statement.
- If the examination involves no written test, mail this Statement to the office named in the examination announcement. Be sure to mail to the same office any other forms required in the announcement.
- Notify the office with which you file this Statement of any change in your name or address.

INSTRUCTION RELATING TO SPECIFIC ITEMS

ITEM 13. LOWEST GRADE OR SALARY

- Enter the lowest grade OR the lowest salary you will accept. You

PLEASE READ ADDITIONAL INSTRUCTIONS ON BACK OF THIS SHEET

will not be considered for any lower grade or salary; you *will* be considered for higher grades or salary. If you enter grade, do not enter salary.

ITEM 19. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

- Five-point preference is granted to veterans if they are honorably separated from the armed forces; (a) after active duty during the periods April 6, 1917, to July 2, 1921, or December 7, 1941, to July 1, 1955; (b) after more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard programs); or (c) after service in a campaign for which a campaign badge has been authorized.
- If you claim five-point preference, you are not required to furnish records to support your claim until the time of appointment.
- Ten-point preference is granted in some cases to disabled veterans, including veterans awarded the Purple Heart, to widows of veterans, to wives of disabled veterans, and to mothers of deceased or disabled veterans. See Standard Form 15, Claim for 10-Point Veteran Preference.
- If you claim ten-point preference, complete Standard Form 15 and attach it, together with the proof called for in that form, to this Statement.

ITEM 20. EXPERIENCE

- Take time to fill in these experience blocks carefully and completely. Your qualifications rating depends in a large part on your experience and employment history. *Failure to give complete details may delay consideration of your Statement.* Answers given in this item may be verified with former employers.
- When the block contains experience in more than one type of work (examples: carpentry and painting, or personnel and budget) estimate and indicate the approximate percentage of time spent in each type of work. Place these percentages in parentheses at the end of the description of the duties.

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)					
May inquiry be made of your present employer regarding your character, qualifications, and record of employment?.....					☐ Yes ☐ No
(A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)					
1	Dates of employment (month, year) From _____ To PRESENT TIME		Exact title of position		If Federal service, civilian or military grade
Salary or earnings Starting \$ _____ per _____		Avg. hrs. per week	Place of employment City: _____	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Present \$ _____ per _____			State: _____		
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
Area Code and phone No. if known					
Reason for wanting to leave					
Description of duties, responsibilities, and accomplishments					
					For agency use (skill codes, etc.)
2	Dates of employment (month, year) From _____ To _____		Exact title of position		If Federal service, civilian or military grade
Salary or earnings Starting \$ _____ per _____		Avg. hrs. per week	Place of employment City: _____	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Final \$ _____ per _____			State: _____		
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)		
Area Code and phone No. if known					
Reason for leaving					
Description of duties, responsibilities, and accomplishments					
					For agency use (skill codes, etc.)
Dates of employment (month, year)		Exact title of position			If Federal service, civilian or military

____ Feet ____ Inches			
8. Birthplace (City and State, or foreign country)			
9. Birth date (Month, day, year)		10. Social Security Account Number	
11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.			
Dates of service in that grade From _____ To _____			
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.			
13. Lowest pay or grade you will accept		14. When will you be available?	
PAY \$ _____ per _____ OR GRADE _____			
15. Will you accept temporary employment for:		16. Where will you accept a job?	
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)			
____ 1 month or less?		____ Washington, D.C.	
____ 1 to 4 months?		____ Any place in the United States.	
____ 4 to 12 months?		____ Outside of the United States.	
		____ Only in (specify): _____	
17. Will you accept less than full time work? (Less than 40 hours per week) ☐ Yes ☐ No			
18. Are you willing to travel? (Check one)			
☐ NO ☐ SOME ☐ OFTEN			
19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."			
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)			
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)			
If "Yes," give details in Item 37.			
C. Do you claim 5-point preference based on active duty in the armed forces?			
If "Yes," you will be required to furnish records to support your claim at the time you are appointed.			
D. Do you claim 10-point preference?			
If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form			
TYPE: ☐ Compensable disability ☐ Disability ☐ Wife ☐ Widow ☐ Mother			
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)			
From _____ To _____		Branch of Service _____ Serial or Service Number _____	

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171
September 1971 U.S. Civil Service Commission
171-104

Page 1

ITEM 20. EXPERIENCE—(Continued)

- Block 1—Describe your present position in this block. Indicate in this block if you are now unemployed or if you have never been employed.
- Blocks 2 and 3—Describe in Block 2 the position you held just before your present position, and continue to work backwards using Block 3.
- Need for additional blocks—If you need more experience blocks, use Standard Form 171-A, Continuation Sheet, or a plain piece of paper. If you use plain paper, each experience block must contain all of the information requested in Item 20 of the printed Statement. If there is not enough space in any of the experience blocks to describe the positions held, continue the description on a plain piece of paper. Identify each plain sheet at the top by showing your name, birth date, examination or position title, and the block under Item 20 from which the description is continued. Attach these supplemental sheets to the top of page 3 at place marked, "Attach Supplemental Sheets or Forms Here."
- Description of duties, responsibilities, and accomplishments—Describe each job briefly, including required skills and abilities. Include description of any specialties and special assignments; your authority and responsibility; your relationships to others; accomplishments; and any other factors which help describe the job.
- General Information—If supervision over other employees was one of your duties, be sure to indicate the number and kind (and grades, if Federal Government) of employees supervised by you, and explain your duties as a supervisor under description of duties.
- Indicate in each block of Item 20 the name under which you were employed if it was different from the name in Item 4 of this Statement. Show former name in parentheses after "Description of duties and accomplishments in your work."
- Use separate blocks if your duties, responsibilities, or salary level changed materially while working for the same employer. Treat each such change as a separate position.
- Include your military or merchant marine service in separate blocks in its proper order and describe major duty assignments.
- Experience acquired more than 15 years ago may be summarized in one block if it is not applicable to the type of position applied for.
- Account for periods of unemployment in separate blocks in order.
- Indicate estimated number of hours worked per week in the space provided if you were on part-time work.

- Section 3311 of title 5, United States Code, provides that in examinations in which experience is a factor, credit will be granted for any pertinent religious, civic, welfare, service, and organizational activity which you have performed either with or without compensation. You may, if you wish, report such experience at the end of your employment history if you feel that it represents qualifying experience for the position(s) for which you are applying. Show actual time spent in such activity.

ITEMS 27 AND 28. MEMBERSHIP IN ORGANIZATIONS

- Answer these questions carefully. Admitted past membership and participation in an organization of the type to which this question refers does not by itself disqualify you for Government employment. Consideration will be given to the nature of the organization, the extent of your participation, and any other relevant facts and circumstances.

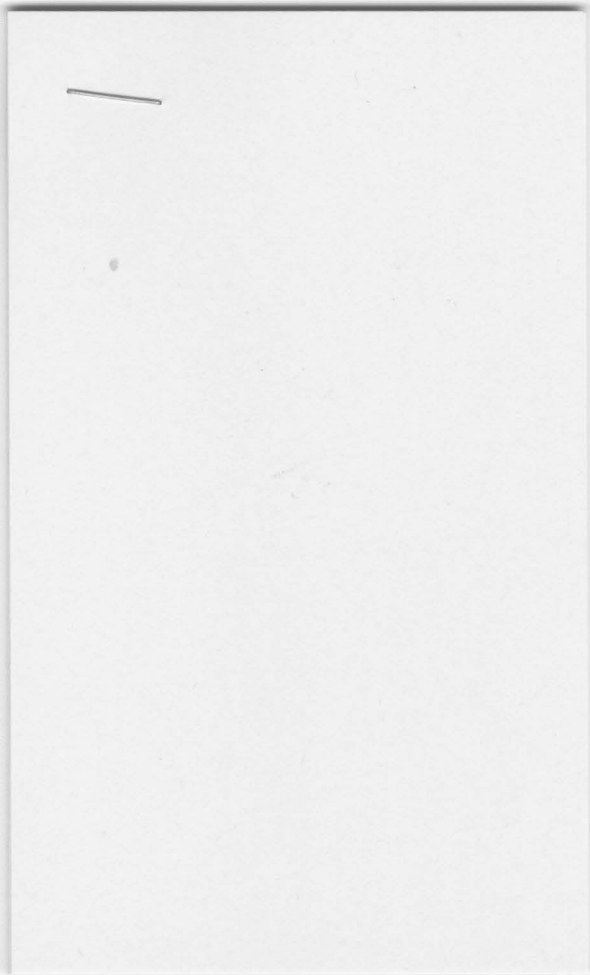
ITEMS 34 AND 35. RELATIVES EMPLOYED BY THE UNITED STATES GOVERNMENT

- A Federal official (civilian or military) may not appoint any of his relatives or recommend them for appointment in his agency, and a relative who is appointed in violation of this restriction can not be paid. Thus it is necessary to have information about your relatives who are working for the Government. In listing relative(s) in answer to question 34 include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.
- Question 35 is needed because of restrictions in making a career or career-conditional appointment in the competitive service when a person is not entitled to veteran preference and two or more members of his family are already serving in the competitive service under a career or career-conditional appointment.

CERTIFICATION

- Be careful that you have answered all questions on your Statement correctly and considered all statements fully so that your eligibility can be decided on all the facts. Read the certification carefully before you sign and date your Statement.
- Sign your name in ink.
- Use one given name, initial or initials, and surname.

PLEASE DETACH THIS INSTRUCTION SHEET BEFORE SUBMITTING YOUR STATEMENT



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

REQUEST FOR PERSONNEL ASSIGNMENT

Date: _____

FROM: _____

Name of Proposed Employee: (Miss) _____
(Mrs.) _____
(Mr.) _____

Position: (a) Position title: _____

(b) Grade and Salary: _____

Payroll (check one): _____ White House Office (Regular Salary & Expenses)
_____ White House Office (Special Projects)
_____ Other (specify: _____)

Length of Assignment (check one):
_____ Temporary (No. of Months _____ or
_____ (Not to exceed _____)
_____ Indefinite
_____ Permanent

Desired effective date: _____

Justification for assignment: _____

Present place of employment or assignment: _____

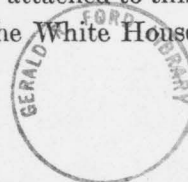
I hereby endorse and authorize the above
described personnel action for my office:

(Signature of Requesting Official)

Attachment(s) needed.—In all cases—"Information Needed Concerning New Personnel".

For appointment other than White House rolls: SF 171, Application for Federal Employment.

If to be appointed White House rolls it is desirable to have SF 171 furnished, preferably attached to this request. If the 171 is not available as an attachment to this request form, send it to the White House Personnel Office, Room 6, E.O.B., when completed.



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

REQUEST FOR PERSONNEL ASSIGNMENT

Date: _____

FROM: _____

Name of Proposed Employee: (Miss) _____
(Mrs.) _____
(Mr.) _____

Position: (a) Position title: _____

(b) Grade and Salary: _____

Payroll (check one): _____ White House Office (Regular Salary & Expenses)
_____ White House Office (Special Projects)
_____ Other (specify: _____)

Length of Assignment (check one):
_____ Temporary (No. of Months _____ or
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Justification for assignment: _____

Present place of employment or assignment: _____

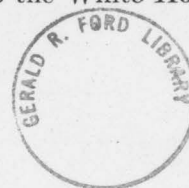
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INFORMATION NEEDED CONCERNING NEW PERSONNEL

NAME (as it is to appear on payroll) (Miss, Mrs.) : _____
(Mr., Dr.) : _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBER: (Home) _____; (Office) _____

MARITAL STATUS (Circle one): Single, Married, Widowed, Separated, Divorced.

Name of Wife or Husband: _____

SOCIAL SECURITY ACCOUNT NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LEGAL RESIDENCE: _____

MILITARY SERVICE: Branch: _____ Dates of service: _____

Have you established Veterans Preference? _____ 5 or 10 point? _____

SPECIAL SKILLS: Typing WPM _____ Shorthand WPM _____

GOVERNMENT SERVICE INFORMATION:

Are you now, or have you previously been employed in the Executive, Legislative, or Judicial Branch of the Federal Government, or the District of Columbia Government? Yes _____. No _____.

If so, please complete the following:

(a) Current or latest place of such employment (prior to White House assignment):

Department or Agency: _____

Branch or Division: _____

(b) Ending date of such service (if applicable): _____

(c) Type of appointment (Career-Conditional, Career, Indefinite, Excepted, or Temporary Limited): _____

(d) Position Title: _____ Grade _____ Salary \$ _____

(e) Date of (1)—last promotion or grade change: _____

(2)—last within-grade pay increase: _____

(f) *Coverages (indicate Yes or No):*

(1) Civil Service Retirement _____) If both at one time or another,

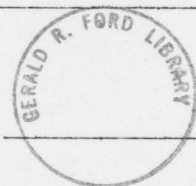
(2) Social Security (FICA) _____) which latest? _____

(3) Federal Employees Group LIFE Insurance (FEGLI): Regular _____ Optional _____. (If waived such coverage—give date of waiver: _____)

(4) Federal Employees HEALTH BENEFITS Insurance (FEHBP) _____

Date of entrance on duty at White House: _____

Office to which assigned: _____ Date of this form: _____



INFORMATION NEEDED CONCERNING NEW PERSONNEL

NAME (as it is to appear on payroll) (Miss, Mrs.) : _____
(Mr., Dr.) : _____

RESIDENCE ADDRESS: _____

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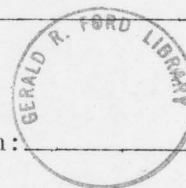
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Date of entrance on duty at White House: _____

Office to which assigned: _____ Date of this form: _____



The White House Office
Washington

Memorandum to Mr. George W. Parker
Chief Messenger
West Wing

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XEROX _____

DATE _____

KINDLY PREPARE _____ COPIES FROM THE ATTACHED MATERIAL
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_____ DO NOT STAPLE

THE COMPLETED WORK IS TO BE RETURNED TO THE UNDERSIGNED IN
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TIME COMPLETED _____



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Washington

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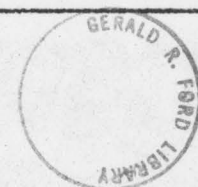
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TO

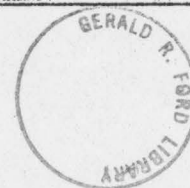
FROM

SUBJECT

ACTION



DATE RECEIVED	DATED	TO	FROM	SUBJECT	ACTION



PUBLIC APPEARANCES

PUBLIC APPEARANCES

[illegible]

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Use buff colored 3x5 card and send to:

Anne Kamstra
c/o Miss Leonard's Office
Room 470 EOTB

PUBLIC, John Q.
1234 Main Street, S. E.
Grand Rapids, Michigan 49506

Name and address of person
for whom photo is requested
Last name first, Please.

Sample Office 10/1/74

Your office and date

Inscription: To Jane and John,
With best wishes

Inscription desired

Requested by: Congressman John Doe

Name of person requesting
your office for photo
(if applicable)

(Please leave some blank space here)

