

PERSONNEL PLACEMENT QUESTIONNAIRE

DUPLICATE

Detailed answers should be made as the action taken by the War Department will depend upon the completeness of the information furnished.

Where more space is needed, attach additional sheets.

If practicable, attach a recent photograph showing on back thereof date it was made

(Print or type answers to questions.) Boxes in broken lines for use of War Department only

RATING

FLIGHT OFFICER

1. Name BARNE S FRANK LAUREL ✓
(Last) (First) (Middle)
Army serial No. (if any) 12025106 T-121040 ✓
Mailing address 117 69 BALLINGET TEXAS ✓
(Number) (Street) (City) (State)
Legal or voting residence TEXAS KUNNELS ☐
(State) (County)

Person to be notified in case of emergency:

Name KENE BETH BARNE S Relationship WIFE
Address 202 KEE 10-5 AVE, PALM HART, TEXAS
2. (a) Birth AUG 20, 1917 ABILENE, TEXAS ✓
(Date) (Place: State or name of country at time of birth)
(b) Age last birthday 25
3. (a) Parental nativity: Country of mother's birth UNITED STATES
Country of father's birth UNITED STATES
(b) If married, country of wife's birth MALE COUNTY, PLAINVIEW, TEXAS

4. State whether or not you are a citizen of the United States and whether by birth or naturalization. (If the latter, append evidence of naturalization, or if evidence not available, state on what date and in what court naturalized.) YES, BY BIRTH
5. Marital status (indicate by "X"): Single _____ Married X Separated _____
Divorced _____ Widowed _____
6. Dependents (number completely dependent on you other than wife) WIFE
7. Race: White X Negro _____ Indian _____ Other (specify) _____
8. In what fields and in what capacity do you consider that you could be of special service to the Government? (List in order of ability.)

FIELD	REASONS
<u>PARACHUTE RIFLER</u>	<u>GRAD. MAY 25, 1942</u>
<u>CLERK</u>	<u>CIV. JOB.</u>

9. (a) Chronological statement of service in the Army, Navy, Marine Corps, including service as a cadet at U. S. Military or Naval Academy, National Naval Volunteers, National Guard in Federal service, as a Reserve officer on active duty, or at military training camps, or as a contract surgeon serving full time, or as a student in the C. M. T. C. or R. O. T. C., Basic Course, Advanced Course, and Advanced Course camp, giving inclusive dates for each day, month, and year, if practicable, from your personal records. Do not write to War Department for exact data.

DATES		Highest grade	Organization (include arm or service)	Duty	Full name and grade of immediate commanding officer
From—	To—				
<u>Aug 9, 1941</u>	<u>JAN 41</u>	<u>PVT</u>	<u>ATT. SIGNAL CORP</u>	<u>OPERATOR</u>	<u>MAJ. GOODRICH</u>
<u>1941</u>	<u>1942</u>	<u>PVT</u>	<u>SG. M. B.</u>	<u>FIELD LIGHTING</u>	<u>MAJ. ELKINS</u>
<u>1942</u>	<u>1942</u>	<u>CORP</u>	<u>LT. M. B.</u>	<u>HQ</u>	<u>MAJ. R. T. CROWDOY</u>

(b) Were you ever rejected for any branch of the military service NO or for the R. O. T. C. NO or C. M. T. C. NO? If so, state when and where rejected and cause

(c) Service, showing dates of service and highest grade held, in Officers' Reserve Corps (inactive); National Guard of the United States; Enlisted Reserve Corps (inactive); Naval or Marine Corps Reserve Forces (inactive); National Guard or Naval Militia not in Federal service, or in military or naval forces of foreign countries. (State name of foreign country and when service was performed.)

NATIONAL GUARD OF THE UNITED STATES

(d) Prior service in Coast Guard, Public Health Service, or Coast and Geodetic Survey. Give dates and nature of service NONE

(e) Were all discharges granted under honorable conditions? ☒ Yes ☐ No.

(f) Have you already established military preference with the Civil Service Commission?

☐ Yes ☐ No.

If so, check kind of preference below:

☐ Veteran ☐ Disabled veteran.

10. Are you now a member of—

Yes

No

(a) National Guard

(b) Officers' Reserve Corps

(c) United States Naval Reserve

(d) Marine Corps Reserve

(e) Coast Guard Reserve

11. Have you registered under the Selective Service Act? ☐ Yes ☒ No. If so, give address of local board

If classified, give your classification Your order number

12. Are you now receiving pay as a retired officer? (Enlisted man)? ☒ Yes ☐ No.

13. Are you now drawing compensation or other benefits from the Veterans Administration? ☐ Yes ☐ No. If so, state amount

14. Physical condition is: Excellent ☐ very good ☒ fair ☐ poor

Height without shoes 5 feet 10 inches. Weight 140 pounds.

15. (a) Have you any physical defect or disability whatsoever? ☐ Yes ☒ No.

(b) Have you ever had a nervous breakdown? ☐ Yes ☒ No.

If your answer to either (a) or (b) above is yes, give full particulars:

16. Have you ever been turned down for life insurance? ☐ Yes ☒ No.

17. Do you hold any elective or appointive office, Federal, State, or municipal? ☐ Yes ☐ No. If so, give details

18. Are you now employed by the Federal Government? ☒ Yes ☐ No.

(a) If so U.S. AIR CORPS

(Department or agency)

(Bureau)

(b) If you now are or have ever been so employed, give dates:

From

(Month)

(Year)

to

(Month)

(Year)

16-20211-3

Place _____ (City) (State)	Exact title of position _____
From _____ to _____ (Month) (Year) (Month) (Year)	Salary: Starting \$ _____ per _____ Final \$ _____
Name of employer _____	Duties and responsibilities _____
Address _____	_____
Kind of business or organization _____	_____
Number and class of employees you supervised _____	_____
Name and title of your immediate supervisor _____	_____
Reason for leaving _____	Machines and equipment you used _____
Place _____ (City) (State)	Exact title of position _____
From _____ to _____ (Month) (Year) (Month) (Year)	Salary: Starting \$ _____ per _____ Final \$ _____
Name of employer _____	Duties and responsibilities _____
Address _____	_____
Kind of business or organization _____	_____
Number and class of employees you supervised _____	_____
Name and title of your immediate supervisor _____	_____
Reason for leaving _____	Machines and equipment you used _____
Place _____ (City) (State)	Exact title of position _____
From _____ to _____ (Month) (Year) (Month) (Year)	Salary: Starting \$ _____ per _____ Final \$ _____
Name of employer _____	Duties and responsibilities _____
Address _____	_____
Kind of business or organization _____	_____
Number and class of employees you supervised _____	_____
Name and title of your immediate supervisor _____	_____
Reason for leaving _____	Machines and equipment you used _____
Place _____ (City) (State)	Exact title of position _____
From _____ to _____ (Month) (Year) (Month) (Year)	Salary: Starting \$ _____ per _____ Final \$ _____
Name of employer _____	Duties and responsibilities _____
Address _____	_____
Kind of business or organization _____	_____
Number and class of employees you supervised _____	_____
Name and title of your immediate supervisor _____	_____
Reason for leaving _____	Machines and equipment you used _____

21. In addition to employment in your main field or fields of professional specialization, specify any other qualifications or skills you have acquired through study, civic enterprise, hobbies, construction of instruments, etc. (For example: Photography, aviation, public speaking, civic organizations, cryptanalysis, pigeon training, radio transmission, etc.) Answer specifically (f), (g), and (h) below.

Occupation or skill	Describe work or study
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____
(e) _____	_____
(f) Experience as an entertainer _____	_____
(g) Experience as an instructor _____	_____
(h) Athletic skill _____	_____

22. Education (includes military service schools):

- (a) Circle highest grade completed, elementary or high schools:

1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No.

(b)	School (name of institution)	Years attended	Graduate? Yes / No	Degrees	Subject majored in
College					
Post-graduate					
Military service school (branch and special)					

(c) Other subjects specialized in _____

23. Foreign languages (check proficiency).

Language (specify)	Read			Speak			Auditory comprehension		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

24. Foreign travel and residence:

Indicate specifically the duration, location, and nature of any foreign experience you may have had. (Country and subdivision—Use official name as of 1935.)

Dates of travel or residence _____

Country _____

Purpose and nature _____

25. Describe the work, if any, connected with war activities (including civilian defense) in which you are now engaged _____

26. How many days' advance notice will you require before being available for service? _____

27. State any other limitations which you care to place on your availability _____

28. Have you ever been convicted by a civil or military court? If so, give the date and circumstances. NO

29. Remarks. State any other information you may desire to submit which will be helpful in ascertaining your best field of usefulness _____

Signature

Frank Laurel Barnes

(First name)

(Middle name)

(Last name)

(SIGN ALL NAMES IN FULL)

(Name typed or printed) FRANK LAUREL BARNES

NOTE.—Do not send with this questionnaire valuable personal papers such as Birth certificate, passports, citizenship papers, discharge certificates, warrants, commissions, original letters of commendation, etc., which you desire to be returned to you. As a rule these documents are unnecessary for the consideration of your case.

PERSONNEL PLACEMENT QUESTIONNAIRE

AVIATION STUDENT

RATING

Detailed answers should be made as the action taken by the War Department will depend upon the completeness of the information furnished.

Where more space is needed, attach additional sheets.

If practicable, attach a recent photograph showing on back thereof date it was made

(Print or type answers to questions.) Boxes in broken lines for use of War Department only

DEC. 16, 1942

(Date of application)

1. Name BARNES FRANK LAUREL

(Last)

(First)

(Middle)

Army serial No. (if any) 19025106

Mailing address 117 SIXTH BALLINGER TEXAS

(Number)

(Street)

(City)

(State)

Legal or voting residence TEXAS RUNNELS

(State)

(County)

Person to be notified in case of emergency:

Name RENE BETH BARNES Relationship WIFE

Address 702 KEELER AVE. DALLART, TEXAS

2. (a) Birth Aug. 20, 1917 ABILENE, TEXAS

(b) Age last birthday 25

(Date)

(Place: State or name of country at time of birth)

3. (a) Parental nativity: Country of mother's birth UNITED STATES

Country of father's birth UNITED STATES

(b) If married, country of wife's birth HALE COUNTY, PLAINVIEW, TEXAS

4. State whether or not you are a citizen of the United States and whether by birth or naturalization. (If the latter, append evidence of naturalization, or if evidence not available, state on what date and in what court naturalized.) YES, BY BIRTH

5. Marital status (indicate by "X"): Single _____ Married X Separated _____

Divorced _____

Widowed _____

6. Dependents (number completely dependent on you other than wife) WIFE

7. Race: White X Negro _____ Indian _____ Other (specify) _____

8. In what fields and in what capacity do you consider that you could be of special service to the Government? (List in order of ability.)

FIELD

REASONS

PARACHUTE RIGGER
CLERK

GRADUATED MAY 25, 1942
CIV. JOB

9. (a) Chronological statement of service in the Army, Navy, Marine Corps, including service as a cadet at U. S. Military or Naval Academy, National Naval Volunteers, National Guard in Federal service, as a Reserve officer on active duty, or at military training camps, or as a contract surgeon serving full time, or as a student in the C. M. T. C. or R. O. T. C., Basic Course, Advanced Course, and Advanced Course camp, giving inclusive dates for each day, month, and year, if practicable, from your personal records. Do not write to War Department for exact data.

DATES		Highest grade	Organization (include arm or service)	Duty	Full name and grade of immediate commanding officer
From	To				
<u>Aug 9, 1941</u>	<u>JAN, 1941</u>	<u>PVT</u>	<u>ATT. SIGNAL CORPS</u>	<u>OPERATOR</u>	<u>MAJ. LOUIS ERICH</u>
<u>JAN 1941</u>	<u>JAN 42</u>	<u>PVT</u>	<u>56 BAB. 64 AB.</u>	<u>FIELD ENGINEER</u>	<u>MAJ. ELLIS</u>
<u>1942</u>	<u>1942</u>	<u>CORP</u>	<u>HQ 4 H9. 64 AB</u>	<u>NY</u>	<u>MAJ. R. T. C. RENO</u>

(b) Were you ever rejected for any branch of the military service NO or for the R. O. T. C. NO or C. M. T. C. NO? If so, state when and where rejected and cause _____

(c) Service, showing dates of service and highest grade held, in Officers' Reserve Corps (inactive); National Guard of the United States; Enlisted Reserve Corps (inactive); Naval or Marine Corps Reserve Forces (inactive); National Guard or Naval Militia not in Federal service, or in military or naval forces of foreign countries. (State name of foreign country and when service was performed.)

NATIONAL GUARD OF THE UNITED STATES

(d) Prior service in Coast Guard, Public Health Service, or Coast and Geodetic Survey. Give dates and nature of service NINE

(e) Were all discharges granted under honorable conditions? X Yes _____ No.

(f) Have you already established military preference with the Civil Service Commission? _____ Yes _____ No.

If so, check kind of preference below:

_____ Veteran _____ Disabled veteran.

10. Are you now a member of—

(a) National Guard

Yes

No

(b) Officers' Reserve Corps

(c) United States Naval Reserve

(d) Marine Corps Reserve

(e) Coast Guard Reserve

X

X

X

X

X

X

11. Have you registered under the Selective Service Act? X Yes X No. If so, give address of local board _____

If classified, give your classification _____ Your order number _____

12. Are you now receiving pay as a retired officer? (Enlisted man)? X Yes _____ No.

13. Are you now drawing compensation or other benefits from the Veterans Administration? _____ Yes _____ No. If so, state amount _____

14. Physical condition is: Excellent _____ very good L fair _____ poor _____
Height without shoes 5 feet 10 inches. Weight 140 pounds.

15. (a) Have you any physical defect or disability whatsoever? _____ Yes X No.

(b) Have you ever had a nervous breakdown? _____ Yes X No.

If your answer to either (a) or (b) above is yes, give full particulars: _____

16. Have you ever been turned down for life insurance? _____ Yes L No.

17. Do you hold any elective or appointive office, Federal, State, or municipal? _____ Yes L No. If so, give details _____

18. Are you now employed by the Federal Government? L Yes _____ No.

(a) If so U.S. AIR CORPS

(Department or agency)

(Bureau)

(b) If you now are or have ever been so employed, give dates:

From

(Month)

(Year)

to

(Month)

(Year)

19. **Experience:** In the space furnished below, give a record of important employment, both public and private, which you have had. Start with your present position and work back to the first position you held. Describe your field of work and position and give your duties and responsibilities in such detail as to make your qualifications clear.

Present position:

Place BALLINGER TEXAS
(City) (State)

From 1938 to 1939
(Month) (Year) (Month) (Year)

Name of employer A.G. AGNEW

Address BALLINGER, TEXAS

Kind of business or organization
FUNERAL HOME

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving BETTER JOB

Exact title of position

Salary: Starting \$ per

Final \$

Duties and responsibilities

Place BALLINGER, TEXAS
(City) (State)

From 1939 to 1940
(Month) (Year) (Month) (Year)

Name of employer JACK HAMILTON

Address BALLINGER, TEXAS

Kind of business or organization
BANNER CRY.

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving JOINED ARMY

Exact title of position OFFICE

Salary: Starting \$ 60 per

Final \$ 80

Duties and responsibilities OFFICE

WORK + ASST. MANAGER

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised _____

Name and title of your immediate supervisor _____

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per _____

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised _____

Name and title of your immediate supervisor _____

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per _____

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised _____

Name and title of your immediate supervisor _____

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per _____

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised _____

Name and title of your immediate supervisor _____

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per _____

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

APPOINTMENT TRANSMITTAL SHEET
 ATTACHED TO W. D., A.G.O. FORM NO. 0850

RIGHT OFFICER
 COMPONENT
 (Abbr.)
AUS

549806

1. Serial No. T-121040 2. Name Barnes, Frank L

3. Branch (Abbr.) AUS Rank (Abbr.) FLU

STATISTICAL

QUALIFICATION

4. Date of Orig. Accept.:

Day	Month	Year
25	01	43

4. Civil. Qual.: 1st 125

5. Source: AV. G. 26

2nd —

6. O.C.S.: —

3rd —

7. Marital Status: 2

5. Languages: 1st —

8. Assignment Group & Limited Service: X

2nd —

9. Date of Birth:

Day	Month	Year
20	08	17

3rd —

Country or
10. State of Birth: Tex. 85

6. Educat. Level: 4

11. Race (Also Non-Citizen): 1

7. AWC: — 8. AIC: —

12. Availability: —

9. C.&G.S.: —

13. Status: 1

10. NWC-SA: —

14. Residence:

State	County
<u>Tex.</u>	<u>Ballinger 85</u>

11. Schools:

<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
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(State) (City) 1

12. General Staff: —

15. Number of Dependents: 1

13. Mange. & Leader.: 2

16. Service Command: 80

14. Entertainer: —

17. Rating: —

15. Instructor: —

18. Physical Qual.: —

16. Sports:

<u>—</u>	<u>—</u>	<u>—</u>
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19. 201 File: MISC 2

Branch (Num) 20 Rank (Num) 2 Component (Num) 6

FILE APR 8 1943

Other experience in management or leadership or any special skills not shown under question 19

21. In addition to employment in your main field or fields of professional specialization, specify any other qualifications or skills you have acquired through study, civic enterprise, hobbies, construction of instruments, etc. (For example: Photography, aviation, public speaking, civic organizations, cryptanalysis, pigeon training, radio transmission, etc.) Answer specifically (f), (g), and (h) below.

Occupation or skill	Describe work or study
(a)	
(b)	
(c)	
(d)	
(e)	
(f) Experience as an entertainer	
(g) Experience as an instructor	
(h) Athletic skill	

22. Education (includes military service schools):

(a) Circle highest grade completed, elementary or high schools:

1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? ☒ Yes ☐ No.

(b)	School (name of institution)	Years attended	Graduate? Yes } No } Year	Degrees	Subject majored in
College					
Post-graduate					
Military service school (branch and special)					

(c) Other subjects specialized in _____

23. Foreign languages (check proficiency).

Language (specify)	Read			Speak			Auditory comprehension		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

24. Foreign travel and residence:

Indicate specifically the duration, location, and nature of any foreign experience you may have had. (Country and subdivision—Use official name as of 1935.)

Dates of travel or residence _____

Country _____

Purpose and nature _____

25. Describe the work, if any, connected with war activities (including civilian defense) in which you are now engaged _____

26. How many days' advance notice will you require before being available for service? _____

27. State any other limitations which you care to place on your availability _____

28. Have you ever been convicted by a civil or military court? If so, give the date and circumstances.

NO

29. Remarks. State any other information you may desire to submit which will be helpful in ascertaining your best field of usefulness _____

Signature

Frank Laurel Barnes

(First name)

(Middle name)

(Last name)

(SIGN ALL NAMES IN FULL)

(Name typed or printed) FRANK LAUREL BARNES

NOTE.—Do not send with this questionnaire valuable personal papers such as Birth certificate, passports, citizenship papers, discharge certificates, warrants, commissions, original letters of commendation, etc., which you desire to be returned to you. As a rule these documents are unnecessary for the consideration of your case.

PERSONNEL PLACEMENT QUESTIONNAIRE

DUPLICATE

Detailed answers should be made as the action taken by the War Department will depend upon the completeness of the information furnished.

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If practicable, attach a recent photograph showing on back thereof date it was made
(Print or type answers to questions.) Boxes in broken lines for use of War Department only

RATING

FLIGHT OFFICER

1. Name BARNES FRANK LAUREL ✓
(Last) (First) (Middle)
Army serial No. (if any) 12025106 T-121040 ✓
Mailing address 117 69 BALLINGER TEXAS ✓
(Number) (Street) (City) (State)
Legal or voting residence TEXAS MUNNELS ✓
(State) (County)

Person to be notified in case of emergency:

Name RENE BETH BARNES Relationship WIFE

Address 702 NEELEY AVE, DALLAS, TEXAS

2. (a) Birth AUG 10, 1917 AMILENE, TEXAS ✓
(Date) (Place: State or name of country at time of birth)

(b) Age last birthday 25

3. (a) Parental nativity: Country of mother's birth UNITED STATES

Country of father's birth UNITED STATES

(b) If married, country of wife's birth MALE COUNTY, PLAINVIEW, TEXAS

4. State whether or not you are a citizen of the United States and whether by birth or naturalization. (If the latter, append evidence of naturalization, or if evidence not available, state on what date and in what court naturalized.) YES, BY BIRTH

5. Marital status (indicate by "X"): Single _____ Married X Separated _____
Divorced _____ Widowed _____

6. Dependents (number completely dependent on you other than wife) WIFE

7. Race: White X Negro _____ Indian _____ Other (specify) _____

8. In what fields and in what capacity do you consider that you could be of special service to the Government? (List in order of ability.)

FIELD	REASONS
<u>PARACHUTE RIFLER</u>	<u>GRAD. MAY 25, 1942</u>
<u>CLERK</u>	<u>CIV. JOB.</u>

9. (a) Chronological statement of service in the Army, Navy, Marine Corps, including service as a cadet at U. S. Military or Naval Academy, National Naval Volunteers, National Guard in Federal service, as a Reserve officer on active duty, or at military training camps, or as a contract surgeon serving full time, or as a student in the C. M. T. C. or R. O. T. C., Basic Course, Advanced Course, and Advanced Course camp, giving inclusive dates for each day, month, and year, if practicable, from your personal records. Do not write to War Department for exact data.

DATES		Highest grade	Organization (include arm or service)	Duty	Full name and grade of immediate commanding officer
From—	To—				
<u>Aug 9, 1941</u>	<u>JAN 41</u>	<u>PVT</u>	<u>ATT. SIGNAL CORP</u>	<u>OPERATOR</u>	<u>MAJ. Goodrich</u>
<u>1941</u>	<u>1942</u>	<u>PVT</u>	<u>SGT A.B.</u>	<u>FIELD LIGHTING</u>	<u>MAJ. ELLIS</u>
<u>1942</u>	<u>1942</u>	<u>CORP</u>	<u>LTJG A.B.</u>	<u>HR</u>	<u>MAJ. R.T. CROWDER</u>

(b) Were you ever rejected for any branch of the military service NO or for the R. O. T. C. NO or C. M. T. C. NO? If so, state when and where rejected and cause

(c) Service, showing dates of service and highest grade held, in Officers' Reserve Corps (inactive); National Guard of the United States; Enlisted Reserve Corps (inactive); Naval or Marine Corps Reserve Forces (inactive); National Guard or Naval Militia not in Federal service, or in military or naval forces of foreign countries. (State name of foreign country and when service was performed.)

NATIONAL GUARD OF THE UNITED STATES

(d) Prior service in Coast Guard, Public Health Service, or Coast and Geodetic Survey. Give dates and nature of service NONE

(e) Were all discharges granted under honorable conditions? ☒ Yes ☐ No.

(f) Have you already established military preference with the Civil Service Commission? ☐ Yes ☐ No.

If so, check kind of preference below:

☐ Veteran ☐ Disabled veteran.

	Yes	No
10. Are you now a member of—		
(a) National Guard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Officers' Reserve Corps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) United States Naval Reserve	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Marine Corps Reserve	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e) Coast Guard Reserve	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. Have you registered under the Selective Service Act? ☐ Yes ☒ No. If so, give address of local board

If classified, give your classification _____ Your order number _____

12. Are you now receiving pay as a retired officer? (Enlisted man)? ☒ Yes ☐ No.

13. Are you now drawing compensation or other benefits from the Veterans Administration? ☐ Yes ☐ No. If so, state amount

14. Physical condition is: Excellent _____ very good ☒ fair _____ poor _____
Height without shoes 5 feet 10 inches. Weight 140 pounds.

15. (a) Have you any physical defect or disability whatsoever? ☐ Yes ☒ No.

(b) Have you ever had a nervous breakdown? ☐ Yes ☒ No.

If your answer to either (a) or (b) above is yes, give full particulars:

16. Have you ever been turned down for life insurance? ☐ Yes ☒ No.

17. Do you hold any elective or appointive office, Federal, State, or municipal? ☐ Yes ☒ No. If so, give details

18. Are you now employed by the Federal Government? ☒ Yes ☐ No.

(a) If so U.S. AIR CORPS

(Department or agency)

(Bureau)

(b) If you now are or have ever been so employed, give dates:

From

(Month)

(Year)

to

(Month)

(Year)

19. **Experience:** In the space furnished below, give a record of important employment, both public and private, which you have had. Start with your present position and work back to the first position you held. Describe your field of work and position and give your duties and responsibilities in such detail as to make your qualifications clear.

Present position:

Place DALLINGER, TEXAS
(City) (State)

From 1939 to 1940
(Month) (Year) (Month) (Year)

Name of employer JACK HAMILTON

Address DALLINGER, TEXAS

Kind of business or organization CANNER & CO

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving JOINED ARMY

Exact title of position OFFICE WORK

Salary: Starting \$ 60 per

Final \$ 80

Duties and responsibilities OFFICE WORK
ASST DALLING

Machines and equipment you used

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

Place _____
(City) (State)

From _____ to _____
(Month) (Year) (Month) (Year)

Name of employer _____

Address _____

Kind of business or organization _____

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving _____

Exact title of position _____

Salary: Starting \$ _____ per

Final \$ _____

Duties and responsibilities _____

Machines and equipment you used _____

(c) Other subjects specialized in _____

23. Foreign languages (check proficiency).

Language (specify)	Read			Speak			Auditory comprehension		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

24. Foreign travel and residence:

Indicate specifically the duration, location, and nature of any foreign experience you may have had. (Country and subdivision—Use official name as of 1935.)

Dates of travel or residence _____

Country _____

Purpose and nature _____

25. Describe the work, if any, connected with war activities (including civilian defense) in which you are now engaged _____

26. How many days' advance notice will you require before being available for service? _____

27. State any other limitations which you care to place on your availability _____

28. Have you ever been convicted by a civil or military court? If so, give the date and circumstances. NO

29. Remarks. State any other information you may desire to submit which will be helpful in ascertaining your best field of usefulness _____

Signature

Frank Laurel Barnes

(First name)

(Middle name)

(Last name)

(SIGN ALL NAMES IN FULL)

(Name typed or printed) FRANK LAUREL BARNES

NOTE.—Do not send with this questionnaire valuable personal papers such as Birth certificate, passports, citizenship papers, discharge certificates, warrants, commissions, original letters of commendation, etc., which you desire to be returned to you. As a rule these documents are unnecessary for the consideration of your case.