

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE FOR EMERGENCY MANAGEMENT

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APPLICATION AND PERSONAL HISTORY STATEMENT

Return this form to the Office for Emergency Management, Personnel Office, Washington, D. C.

1. TYPE OF POSITION DESIRED:

A. PRODUCTION EDITOR ON MOTION PICTURES

B. GENERAL WRITING

C.

3. DATE OF BIRTH

Month Day Year  
APRIL 25 1985

2. Date

1/17/48

4. Mr.  Miss  Mrs.  LAST NAME FIRST NAME MIDDLE NAME  
H.H. CALDWELL KATHARINE

TELEPHONE NUMBER  
Business Ext.  
Home WALKER 5-4415

Street address City and State  
109- BEDFORD STREET NEW YORK N.Y.

5. LEGAL VOTING RESIDENCE  
State NEW YORK Congressional District  
County NEW YORK  
City or town NEW YORK

6. PERSONAL DESCRIPTION  
Sex Male  Female   
Marital Status Single  Married  Widowed  Divorced  Separated   
Height 5 FEET 7 INCHES Weight 176  
Race White  Colored  Other (specify)

7. IF YOU HAVE ESTABLISHED VETERAN PREFERENCE WITH THE U. S. CIVIL SERVICE COMMISSION, CHECK THE KIND—  
5-point  Wife of disabled veteran   
Disability  Widow of veteran

8. WILL YOU ACCEPT TEMPORARY EMPLOYMENT? Yes No  
1 month    
3 months    
6 months    
9. WHAT IS THE LOWEST STARTING SALARY YOU WILL ACCEPT?  
\$..... per annum.

10. LIST ALL FEDERAL, STATE, OR OTHER MERIT SYSTEM EXAMINATIONS YOU HAVE TAKEN

Title of Examination	Commission Conducting	Date	Rating (%)

11. DO YOU HAVE ELIGIBILITY FOR APPOINTMENT TO THE FEDERAL COMPETITIVE CLASSIFIED SERVICE— Yes No  
By transfer?    
By reinstatement?    
From a register of eligibles?    
From the emergency replacement list?

12. NAME AND LOCATION OF SCHOOLS ATTENDED: Dates Attended From— To—  
High  
Business or Trade

13. EDUCATION

Kind	Years Completed	Name and Location of College	Dates Attended (month and year) From— To—	Semester Hours Credit Received	Major Subject	Degree Conferred	Date of Degree
Grammar school							
Junior high school	2	SAVANNAH, GEORGIA					
High school	4						
Business school	1	GEORGIA STATE NORMAL COLLEGE, GEORGIA					
College	2	FINISHING SCHOOL					
Postgraduate		ST. JOSEPH'S COLLEGE, WASHINGTON, GEORGIA					

15. LIST ALL COLLEGE SUBJECTS IN WHICH YOU HAVE HAD TEN OR MORE SEMESTER HOURS. INDICATE NUMBER OF CREDITS.

Subject	Hours Credit

16. LIST COLLEGIATE FELLOWSHIPS, SCHOLARSHIPS, SCHOLASTIC HONORS, AND SIGNIFICANT COLLEGE ACTIVITIES.

\* ELIGIBLE, HAVING BEEN DIRECTOR WRITERS' PROTECT, A.C. WPA, BUT DID NOT PLACE NAME ON LIST.

17. STATE ANY OTHER EDUCATION YOU HAVE HAD, SUCH AS CORRESPONDENCE COURSES.

PROOFREADING

18. LIST PROFESSIONAL SOCIETIES IN WHICH YOU HOLD MEMBERSHIP.

AUTHORS LEAGUE  
 DRAMATISTS GUILD

19. SPECIALIZED SKILLS.

Stenographic:	Words per Minute:
Dictation	
Typing	

OFFICE MACHINES OPERATED

Skillfully	Fairly well

21. KNOWLEDGE OF FOREIGN LANGUAGES.

	Read	Speak		Read	Speak
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
French	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

23. ARE THERE ANY UNSATISFIED JUDGMENTS ON RECORD AGAINST YOU? YES  NO  IF "YES," STATE PARTICULARS.

20. IF YOU ARE A MEMBER OF THE BAR, A C. P. A., OR IF YOU ARE LICENSED TO PRACTICE SOME OTHER PROFESSION, GIVE PROFESSION AND WHEN AND WHERE ADMITTED TO PRACTICE.

22 (a) ARE YOU HOLDING ANY POSITION OR OFFICE UNDER THE UNITED STATES OR UNDER ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? NO  
 (Yes or No)

(b) IF SO, STATE THE PLACE, POSITION, AND SALARY

24. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? YES  NO  IF "YES," STATE NAME OF COURT, NATURE OF OFFENSE, AND DISPOSITION OF YOUR CASE.

25. DESCRIBE ANY PHYSICAL DEFECT OR DISABILITY YOU MAY HAVE.

NONE

26. HOW MANY WORKING DAYS HAVE YOU LOST IN THE PAST TWO YEARS BECAUSE OF ILLNESS? NONE DAYS. STATE NATURE OF ILLNESS.

28. STATES AND CITIES IN WHICH YOU PREFER TO WORK—

a. WASHINGTON, D.C. | c. SAN FRANCISCO, CALIF.  
 b. NEW YORK, N.Y. | d. BALTIMORE, MD.

Will you accept a position requiring constant travel? YES  NO   
 Frequent travel? YES  NO

27. HOW MANY DAYS NOTICE WOULD YOU REQUIRE BEFORE YOU COULD ACCEPT APPOINTMENT?

29. ARE ANY MEMBERS OF YOUR FAMILY OR RELATIVES (EITHER BLOOD OR BY MARRIAGE) IN ANY PART OF THE SERVICE OF THE UNITED STATES (EXECUTIVE, JUDICIAL, LEGISLATIVE, MILITARY, OR NAVAL)? ANSWER "YES" OR "NO" YES. IF SO, FILL IN THE FOLLOWING BLANKS STATING, UNDER "RELATIONSHIP," WHETHER THE CONNECTION IS BY BLOOD OR MARRIAGE. IF ADDITIONAL SPACE IS NECESSARY, ATTACH A SHEET.

Name	Post-office address (Give street number, if any)	Position and department or office in which employed	Relationship	Married or single
H. H. CALDWELL	1224 A BANCROFT HALL U.S. NAVAL ACADEMY, ANNAPOLIS, MD.	MINSHIPMAN	SON	SINGLE

30. GIVE NAMES AND ADDRESSES OF THREE PERSONS WHO HAVE KNOWLEDGE OF YOUR EXPERIENCE AND ABILITY.

Full Name	Full Address	Occupation
JOHN FORD, COMMANDER	CARLTON HOTEL, WASHINGTON, D.C.	AND MOTION PICTURE DIR NAVAL OFFICER
MARY STEELE ROSS	37 - WEST 11TH STREET, NYC	NAT. DIRECTOR AMER. WOMEN VOL. SECTY. AUTHORS
TRUISE SILL COX	AUTHORS LEAGUE OF AMERICA 6 - EAST 39 STREET, NYC	LEAGUE OF WOMEN

31. EXPERIENCE

In the following spaces, give a complete record of all employment you have had, including Government employment and military and naval service, accounting for all periods of unemployment. Begin with your present or most recent position and work back.

DATES OF EMPLOYMENT (Month and year)		NAME AND ADDRESS OF FIRM OR EMPLOYER	ANNUAL SALARY IN EACH POSITION	TITLE, DUTIES, AND REASON FOR LEAVING (Give last efficiency rating in Government service, if any)
1	To 4/15/40 FROM 10/15/39	NAME WRITERS PROJECT (WPA) DISTRICT OF COLUMBIA ADDRESS MARY STEELE ROSS IMMEDIATE SUPERVISOR	FINAL \$2400 STARTING \$2400	DIRECTOR - RESIGNED TO RESUME WRITING.
2	To APRIL 1936 FROM JANUARY 1936	NAME HISTORICAL SURVEY (WPA) <del>NEW YORK CITY</del> ADDRESS NEW YORK CITY IMMEDIATE SUPERVISOR GRETTE HUTCHINSON	FINAL \$ STARTING \$	ASSISTANT SUPERVISOR X RESIGNED TO TAKE ACTION PICTURE ASSIGNMENT.
3	To LAST 2 WEEKS FROM APRIL 1936	NAME MOTION PICTURE DIVISION ADDRESS THE AUDITORIUM WASHINGTON, D C IMMEDIATE SUPERVISOR HORACE ASHTON	FINAL \$30.00 PER DIEM STARTING \$30.00 PER DIEM	ADVISORY EXPERT ON MOTION PICTURES
4	To 9/1/32 FROM 7/1/32	NAME WORLDWIDE PICTURES ADDRESS HOLLYWOOD, CALIF. IMMEDIATE SUPERVISOR JOE BRAXAT	FINAL \$500.00 STARTING \$500.00	PRODUCTION EDITOR FINISHED CONTRACT.
5	To 9/1/29 FROM 11/29	NAME SOX PICTURES ADDRESS HOLLYWOOD, CALIF IMMEDIATE SUPERVISOR SOL WURTZEL	FINAL \$1500.00 STARTING \$1500.00	PRODUCTION EDITOR FINISHED CONTRACT
6	To 11/29 FROM 10/11/28	NAME UNITED ARTISTS ADDRESS HOLLYWOOD, CALIF. IMMEDIATE SUPERVISOR SAMUEL GOLDWYN	FINAL \$1500.00 STARTING \$1250.00	PRODUCTION EDITOR FINISHED CONTRACT.
7	To 4/15/28 FROM 7/1/26	NAME SOX PICTURES ADDRESS HOLLYWOOD, CALIF IMMEDIATE SUPERVISOR SOL WURTZEL	FINAL \$1000.00 STARTING \$800.00	PRODUCTION EDITOR FINISHED CONTRACT
8	To 7/1/26 FROM 4/15/25	NAME M.G.M PICTURES ADDRESS CULVER CITY CALIF IMMEDIATE SUPERVISOR IRVING THALBERG	FINAL \$600.00 STARTING \$400.00	PRODUCTION EDITOR FINISHED CONTRACT

(If more space is required, continue entries on a separate sheet arranged as above, and attach to application.)

32. HAVE YOU EVER BEEN DISMISSED FOR CAUSE OR FORCED TO RESIGN FROM ANY EMPLOYMENT?  
 YES  NO   
 If answer is "Yes", describe circumstances fully on separate sheet and attach to this form.

33. MAY WE WRITE TO YOUR PRESENT EMPLOYER?  
 YES  NO

NOT EMPLOYED AT PRESENT

34. CITIZENSHIP AND PLACE OF BIRTH.

	CITIZENSHIP	PLACE OF BIRTH			IF FOREIGN BORN, DATE OF NATURALIZATION		
		STATE OR COUNTRY	COUNTY	CITY OR TOWN	MONTH	DAY	YEAR
Applicant	AMERICAN	WASHINGTON		SPOKANE			
Applicant's Husband or Wife	AMERICAN	MISSOURI		ST. LOUIS			
Applicant's Father	AMERICAN	MASSACHUSETTS		BUCKLAND			
Applicant's Mother	AMERICAN	MASSACHUSETTS		DEERFIELD			

35. IF, IN YOUR OPINION, YOU HAVE HAD SPECIAL TRAINING OR EXPERIENCE WHICH QUALIFIES YOU FOR THE PARTICULAR WORK YOU WISH TO DO, MAKE A DETAILED STATEMENT IN SPACE BELOW, NUMBERING EACH STATEMENT TO CORRESPOND WITH THE EXPERIENCE RECORD UNDER QUESTION NO. 31.

8. <sup>TYPED</sup> SEE CAREER RESUME GIVEN TO MR HUSE TO COVER WRITING ACTIVITIES PRIOR TO 1925

2-3-4 DURING THE THIRTIES WROTE THREE PLAYS. SEE CAREER RESUME

36. IN CASE OF EMERGENCY, NOTIFY—

Name	MRS. K. A. PHILLIPS	Street address	246 - WEST 117th STREET
Relationship	COUSIN (FIRST)	Telephone	WA-9-2548
		City and State	NEW YORK, N.Y.

I CERTIFY that the foregoing statements are true and complete to the best of my knowledge and belief. (Any false statement is sufficient cause for rejection of the application or dismissal after appointment.)

(The Office for Emergency Management reserves the right to investigate all statements made in this application. Copies of publications or other data may be submitted with this application to support your candidacy.)

(Signature) \_\_\_\_\_  
 (Sign one given name, middle initial or initials, if you have any, and your surname)