

NATIONAL SECURITY RESOURCES BOARD
WASHINGTON

June 2, 1949.

1221-3238

Mr. W. F. Friedman,
Army Security Agency,
CS-GAS-14,
The Pentagon,
Washington 25, D.C.

Dear Friedman:

In accordance with your request there is enclosed
herewith Bell System Interview Records,

a. American Telephone and Telegraph Company's
Application for Employment, and

b. Bell Telephone Laboratories' Qualification
Record.

News relative to Mrs. Dingley is indeed very
terrible.

Yours Very Truly,


R. D. PARKER.

Enclosure

BELL SYSTEM INTERVIEW RECORD

AMERICAN TELEPHONE AND TELEGRAPH COMPANY
 OPERATING TELEPHONE COMPANIES
 BELL TELEPHONE LABORATORIES
 WESTERN ELECTRIC COMPANY

DATE _____

1 PERSONAL DATA

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ TELEPHONE _____
NO. STREET CITY STATE

PERMANENT ADDRESS _____ TELEPHONE _____
NO. STREET CITY STATE

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

PHYSICAL LIMITATIONS (AFFECTING PLACEMENT) _____

PHOTOGRAPH
(IF AVAILABLE)

2 EDUCATION

NAME OF INSTITUTION

ATTENDED

DEGREE RECEIVED OR EXPECTED

MAJOR SUBJECTS

PLEASE FILL IN INFORMATION INDICATED FOR EACH INSTITUTION OF COLLEGIATE RANK ATTENDED. LIST POST GRADUATE WORK AND DEGREES SEPARATELY

FROM (MO & YR) TO (MO & YR) NAME DATE (MO & YR)

3 COLLEGE ACTIVITIES

SCHOLASTIC HONORS (HONOR SOCIETIES, PRIZES, TEACHING ASSISTANTSHIPS WHILE STUDENT, ETC) _____

SUBJECTS OF THESES OR OTHER MAJOR PAPERS _____

CAMPUS ACTIVITIES (MANAGERIAL, LITERARY, MILITARY, ELECTIVE OFFICES, SOCIETY AND FRATERNITY MEMBERSHIPS, ETC PLEASE DIFFERENTIATE BETWEEN ACTUAL OFFICES AND SUSTAINED PARTICIPATION IN COMPETITIONS FOR THEM) _____

ATHLETIC ACTIVITIES (PLEASE DIFFERENTIATE BETWEEN VARSITY TEAMS, VARSITY SQUADS, CLASS TEAMS, ETC) _____

PERCENTAGE OF COLLEGE EXPENSES EARNED (DURING TERMS) _____ (IN VACATIONS) _____ (THROUGH SCHOLARSHIPS) _____

4 NON-COLLEGE ACTIVITIES (CIVIC, MILITARY RESERVE, ETC) _____

5 EMPLOYMENT AND BUSINESS EXPERIENCE (INCLUDE PERMANENT, COOPERATIVE, AND SUMMER WORK)

NAME OF EMPLOYER (BEGIN WITH LATEST)	LOCATION	TYPE OF BUSINESS	NATURE OF WORK	DATES (MO & YR)	
				FROM	TO

6 ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	THEATRE	GRADE OR RANK	NATURE OF DUTY	FROM	TO

7 GENERAL TYPE OF WORK PREFERRED

(MARK FIRST CHOICE 1, SECOND CHOICE 2, OR NOTE OTHER PREFERENCES, ALL TYPES OFFER OPPORTUNITY FOR FUTURE SUPERVISORY AND TECHNICAL RESPONSIBILITY)

<input type="checkbox"/> TECHNICAL OPERATIONS (MANUFACTURING, CONSTRUCTION, INSTALLATION, AND OPERATION OF PLANT AND EQUIPMENT)	<input type="checkbox"/> BUSINESS OPERATIONS (COMMERCIAL CONTACTS, SUPERVISION OF OPERATORS, PRODUCTION CONTROL, DISTRIBUTION)
<input type="checkbox"/> ENGINEERING PLANNING (TECHNICAL AND ECONOMIC CONSIDERATIONS IN PROVIDING FACILITIES, ESTABLISHING OPERATING PROGRAMS, LAYING OUT MANUFACTURING PROCESSES)	<input type="checkbox"/> ENGINEERING DEVELOPMENT AND RESEARCH (LEADING TO NEW OR IMPROVED APPARATUS OR TO NEW MANUFACTURING METHODS AND EQUIPMENT)
<input type="checkbox"/> ACCOUNTING AND STATISTICS (METHODS AND PRINCIPLES, DEVELOPMENT, ANALYSIS AND INTERPRETATION OF FINANCIAL AND ADMINISTRATIVE DATA, COST ACCOUNTING)	<input type="checkbox"/> OTHER PREFERENCE

LOCATION PREFERRED (GIVE CITY, STATE OR SECTION OF U S) _____ IS THIS CONTROLLING, DESIRABLE, UNIMPORTANT
 WOULD PREFER TO BEGIN WORK ABOUT (DATE) _____ (CHECK ONE)

BELL SYSTEM RECRUITING RECORD

AMERICAN TELEPHONE AND TELEGRAPH COMPANY
OPERATING TELEPHONE COMPANIES
BELL TELEPHONE LABORATORIES
WESTERN ELECTRIC COMPANY

DATE _____

1 PERSONAL DATA

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ TELEPHONE _____
NO STREET CITY STATE

PERMANENT ADDRESS _____ TELEPHONE _____
NO STREET CITY STATE

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

PHYSICAL LIMITATIONS (AFFECTING PLACEMENT) _____

PHOTOGRAPH
(IF AVAILABLE)

2 EDUCATION

NAME OF INSTITUTION

ATTENDED		DEGREE RECEIVED OR EXPECTED	
FROM (MO & YR)	TO (MO & YR)	NAME	DATE (MO & YR)

MAJOR SUBJECTS

PLEASE FILL IN INFORMATION INDICATED FOR EACH INSTITUTION OF COLLEGIATE RANK ATTENDED. LIST POST GRADUATE WORK AND DEGREES SEPARATELY

3 COLLEGE ACTIVITIES

SCHOLASTIC HONORS (HONOR SOCIETIES, PRIZES, TEACHING ASSISTANTSHIPS WHILE STUDENT, ETC) _____

SUBJECTS OF THESES OR OTHER MAJOR PAPERS _____

CAMPUS ACTIVITIES (MANAGERIAL, LITERARY, MILITARY, ELECTIVE OFFICES, SOCIETY AND FRATERNITY MEMBERSHIPS, ETC PLEASE DIFFERENTIATE BETWEEN ACTUAL OFFICES AND SUSTAINED PARTICIPATION IN COMPETITIONS FOR THEM) _____

ATHLETIC ACTIVITIES (PLEASE DIFFERENTIATE BETWEEN VARSITY TEAMS, VARSITY SQUADS, CLASS TEAMS, ETC) _____

PERCENTAGE OF COLLEGE EXPENSES EARNED (DURING TERMS) _____ (IN VACATIONS) _____ (THROUGH SCHOLARSHIPS) _____

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NAME OF EMPLOYER (BEGIN WITH LATEST)	LOCATION	TYPE OF BUSINESS	NATURE OF WORK	DATES (MO & YR)	
				FROM	TO

6 ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	THEATRE	GRADE OR RANK	NATURE OF DUTY	FROM	TO

7 GENERAL TYPE OF WORK PREFERRED

(MARK FIRST CHOICE 1, SECOND CHOICE 2, OR NOTE OTHER PREFERENCES, ALL TYPES OFFER OPPORTUNITY FOR FUTURE SUPERVISORY AND TECHNICAL RESPONSIBILITY)

<input type="checkbox"/> TECHNICAL OPERATIONS (MANUFACTURING, CONSTRUCTION, INSTALLATION, AND OPERATION OF PLANT AND EQUIPMENT)	<input type="checkbox"/> BUSINESS OPERATIONS (COMMERCIAL CONTACTS, SUPERVISION OF OPERATORS, PRODUCTION CONTROL, DISTRIBUTION)
<input type="checkbox"/> ENGINEERING PLANNING (TECHNICAL AND ECONOMIC CONSIDERATIONS IN PROVIDING FACILITIES, ESTABLISHING OPERATING PROGRAMS, LAYING OUT MANUFACTURING PROCESSES)	<input type="checkbox"/> ENGINEERING DEVELOPMENT AND RESEARCH (LEADING TO NEW OR IMPROVED APPARATUS OR TO NEW MANUFACTURING METHODS AND EQUIPMENT)
<input type="checkbox"/> ACCOUNTING AND STATISTICS (METHODS AND PRINCIPLES, DEVELOPMENT, ANALYSIS AND INTERPRETATION OF FINANCIAL AND ADMINISTRATIVE DATA, COST ACCOUNTING)	<input type="checkbox"/> OTHER PREFERENCE

LOCATION PREFERRED (GIVE CITY, STATE OR SECTION OF U S) _____ IS THIS CONTROLLING, DESIRABLE, UNIMPORTANT
 WOULD PREFER TO BEGIN WORK ABOUT (DATE) _____ (CHECK ONE)

AMERICAN TELEPHONE AND TELEGRAPH COMPANY
APPLICATION FOR EMPLOYMENT

NAME IN FULL _____ DATE _____
(PRINT)

RESIDENCE ADDRESS _____ CITY AND STATE _____
(SHOW POSTAL ZONE NUMBER)

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

SEX _____ AGE _____ DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

ARE YOUR PARENTS LIVING? _____ WITH WHOM DO YOU LIVE? _____

MARITAL STATUS (MARRIED, SINGLE, WIDOWED) _____ NO. OF DEPENDENTS _____

INTRODUCED BY _____

EDUCATION

	NAME OF SCHOOL	LOCATION	COURSE	YEARS ATTENDED	DIPLOMA OR DEGREE
1.					
2.					
3.					
4.					
5.					

IF YOU ATTENDED COLLEGE, STATE MAJOR AND MINOR SUBJECTS _____

IF YOU ARE NOW ATTENDING NIGHT SCHOOL STATE SUBJECTS YOU ARE STUDYING _____

DO YOU KNOW STENOGRAPHY? _____ SYSTEM? _____ WHAT OFFICE MACHINES OR DEVICES _____

ARE YOU ABLE TO OPERATE? _____

LIST OTHER SPECIAL QUALIFICATIONS _____

WHAT KIND OF WORK DO YOU PREFER? _____

PREVIOUS EMPLOYMENT:

REF ID: A68977

EMPLOYER	PERIOD OF EMPLOYMENT	SALARY		REASON FOR LEAVING
		FROM	STARTING	
LAST NAME _____	FROM	\$	STARTING PER MO. WK.	
ADDRESS _____	TO	\$	LAST PER MO. WK.	
CITY _____	POSITION AND CHARACTER OF WORK _____			
TO WHOM DID YOU REPORT ? _____				
2 ND LAST NAME _____	FROM	\$	STARTING PER MO. WK.	
ADDRESS _____	TO	\$	LAST PER MO. WK.	
CITY _____	POSITION AND CHARACTER OF WORK _____			
TO WHOM DID YOU REPORT ? _____				
3 RD LAST NAME _____	FROM	\$	STARTING PER MO. WK.	
ADDRESS _____	TO	\$	LAST PER MO. WK.	
CITY _____	POSITION AND CHARACTER OF WORK _____			
TO WHOM DID YOU REPORT ? _____				

REFERENCES AND GENERAL REMARKS.

- 1 MAY WE REFER TO THE ABOVE EMPLOYERS _____
- 2 PERSONAL (NOT RELATIVES)
 - A. NAME _____ ADDRESS _____
 - B. NAME _____ ADDRESS _____

GENERAL REMARKS _____

SIGNATURE _____

INTERVIEWER'S NOTES (THIS SPACE NOT TO BE FILLED IN BY APPLICANT)

INTERVIEWED BY _____

QUALIFICATION RECORD

INSTRUCTIONS: BEFORE FILLING OUT THIS APPLICATION PLEASE READ "GENERAL INFORMATION" ON PAGE 3. ANSWER EACH QUESTION FULLY. IF YOU FIND NEED FOR SUPPLEMENTING THIS FORM, USE "REMARKS" SPACE ON PAGE 3.

PERSONAL

1 NAME _____
(PRINT) FIRST MIDDLE LAST

2 ADDRESS _____
NO. STREET CITY ZONE STATE

3 DATE OF BIRTH _____ 4 TELEPHONE NUMBER _____
MONTH DAY YEAR

5 AGE _____ 6 HEIGHT _____ 7 WEIGHT _____ 8 CITIZEN OF UNITED STATES? YES _____ NO _____

9 ARE YOU MARRIED SINGLE WIDOWED
 SEPARATED DIVORCED NUMBER OF CHILDREN _____ OTHER DEPENDENTS _____

10 PERSON TO BE NOTIFIED IN CASE OF EMERGENCY _____
NAME RELATIONSHIP

ADDRESS _____ TELEPHONE NUMBER _____

11 REFERRED TO LABORATORIES BY _____

12 HAVE YOU EVER BEEN IN THE EMPLOY OF THE LABORATORIES? _____ FROM _____ TO _____

13 GIVE THE NAME OF ANY OTHER BELL SYSTEM COMPANY WHERE YOU HAVE BEEN EMPLOYED _____ FROM _____ TO _____

14 HAVE YOU ANY PHYSICAL IMPAIRMENTS? _____

15 TYPE OF WORK WANTED _____ 16 SALARY EXPECTED _____

EDUCATION

NAME OF SCHOOLS AND COLLEGES ATTENDED	FROM		TO		WERE YOU GRADUATED?	DEGREES RECEIVED	SUBJECTS OF SPECIALIZATION
	MO.	YR.	MO.	YR.			
17 ELEMENTARY _____							
18 HIGH SCHOOL _____							
19 DAY COLLEGES OR UNIVERSITIES _____							
20 NIGHT SCHOOLS OR COLLEGES _____							
21 OTHER TRAINING _____							

GIVE THE NAMES OF THE ORGANIZATIONS FOR WHICH YOU HAVE WORKED

22 PRESENT OR LAST	ADDRESS OF ORGANIZATION		
NAME OF SUPERVISOR FOR WHOM YOU WORKED	STARTING DATE	LEAVING DATE	SALARY OR WAGES
JOB TITLE			
WHAT WORK DID YOU DO?			
REASON FOR LEAVING			
23 NEXT PREVIOUS	ADDRESS OF ORGANIZATION		
NAME OF SUPERVISOR FOR WHOM YOU WORKED	STARTING DATE	LEAVING DATE	SALARY OR WAGES
JOB TITLE			
WHAT WORK DID YOU DO?			
REASON FOR LEAVING			
24 NEXT PREVIOUS	ADDRESS OF ORGANIZATION		
NAME OF SUPERVISOR FOR WHOM YOU WORKED	STARTING DATE	LEAVING DATE	SALARY OR WAGES
JOB TITLE			
WHAT WORK DID YOU DO?			
REASON FOR LEAVING			
25 NEXT PREVIOUS	ADDRESS OF ORGANIZATION		
NAME OF SUPERVISOR FOR WHOM YOU WORKED	STARTING DATE	LEAVING DATE	SALARY OR WAGES
JOB TITLE			
WHAT WORK DID YOU DO?			
REASON FOR LEAVING			
26 NEXT PREVIOUS	ADDRESS OF ORGANIZATION		
NAME OF SUPERVISOR FOR WHOM YOU WORKED	STARTING DATE	LEAVING DATE	SALARY OR WAGES
JOB TITLE			
WHAT WORK DID YOU DO?			
REASON FOR LEAVING			

DO NOT REFER TO RELATIVES OR FORMER EMPLOYERS

NAME (PRINT)	BUSINESS	ADDRESS
27		
28		
29		

30 HAVE YOU ANY RELATIVES IN THE EMPLOY OF THE LABORATORIES? _____ NAME _____ RELATIONSHIP _____

REMARKS
USE FOR ANY EXPLANATIONS OR SUPPLEMENTARY INFORMATION YOU WISH TO SUBMIT

Multiple blank horizontal lines for entering remarks.

GENERAL INFORMATION

IT IS TO YOUR ADVANTAGE THAT THIS QUALIFICATION RECORD BE FILLED OUT COMPLETELY AND ACCURATELY. IN CASE OF EMPLOYMENT, ANY FALSE STATEMENT OR MISREPRESENTATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

PHYSICAL QUALIFICATIONS APPROPRIATE TO THE POSITION APPLIED FOR ARE REQUIRED. A PHYSICAL EXAMINATION IS GIVEN AS PART OF THE EMPLOYMENT PROCEDURE.

RIGHTS TO INVENTIONS CONCEIVED IN THE COURSE OF EMPLOYMENT ARE ASSIGNED TO THE LABORATORIES. IF REQUESTED, APPLICANT AGREES TO EXECUTE INVENTOR'S AGREEMENT OF BELL TELEPHONE LABORATORIES, INCORPORATED.

Checked Parker to get me copy of agreement form 10 Jan 49 J

I AGREE TO THE FOREGOING REQUIREMENTS OF EMPLOYMENT AND CERTIFY THAT MY STATEMENTS IN THIS APPLICATION ARE CORRECT.

SIGNATURE OF APPLICANT

NAME	JOB	REFERENCE
INTERVIEWER'S NOTES		
_____ INTERVIEWER		_____ DATE

RECORD OF PHYSICAL EXAMINATION		
RATING	DATE	EXAMINING PHYSICIAN
D	<input style="width: 30px; height: 20px;" type="checkbox"/>	
C	<input style="width: 30px; height: 20px;" type="checkbox"/>	
B	<input style="width: 30px; height: 20px;" type="checkbox"/>	
AC	<input style="width: 30px; height: 20px;" type="checkbox"/>	
A	<input style="width: 30px; height: 20px;" type="checkbox"/>	

ACTION BY EMPLOYMENT DEPARTMENT			
ACCEPTED BY	DATE TO REPORT	DATE TO DEPT.	SALARY
CLASSIFICATION	REGULAR	TEMPORARY THR.	DEPT. NO.
PHOTOGRAPH TAKEN	TEMPORARY PASS NO.	INVENTOR'S CONTRACT NO.	DATE
SOCIAL SECURITY ACCOUNT NO.	VERIFIED BY	FORM SS-5	

RATE CARD	REFERENCES	PERSONNEL CARD
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AGREEMENT FOR ASSIGNMENT OF INVENTIONS

IN CONSIDERATION of One Dollar (\$1.00), the receipt whereof by me is hereby acknowledged, and of my employment hereafter by Bell Telephone Laboratories, Incorporated, during such time as may be mutually agreeable to that Corporation and myself, I hereby assign and agree to assign to said Corporation, its successors and assigns, all my rights to inventions which, during the period of my employment by said Corporation or by its predecessor or successors in business, I have made or conceived or may hereafter make or conceive, either solely or jointly with others, in the course of such employment or with the use of said Corporation's time, material or facilities, or relating to any subject matter with which my work for said Corporation is or may be concerned; and I further agree, without charge to said Corporation, but at its expense, to execute, acknowledge and deliver all such further papers, including applications for patents, as may be necessary to obtain patents for said inventions in any and all countries and to vest title thereto in said Bell Telephone Laboratories, Incorporated, its successors or assigns.

WITNESS my hand and seal this _____ day of _____ 19____

(Seal)

REF ID:A68977

Agreement

BELL TELEPHONE LABORATORIES
INCORPORATED

WITH

DATED