

PERSONAL QUALIFICATIONS STATEMENT

Budget Bureau
Approved 50-R0387

1a. Kind of position (job) you are filing for (or title of examination) Consultant		b. Announcement number		7. Birth date Month Day Year 7 13 35			8. Social Security Number 1543														
c. Options for which you wish to be considered (if listed in examination announcement)				9. If you are currently on a register of eligibles for appointment to a Federal position, give the name of the examination, the name of the office maintaining the register, the date on your notice of rating, and your rating.																	
d. Primary place(s) you wish to be employed																					
2. Home telephone OL2-7485 3. Business telephone 234-8701																					
Area Code Number 301 		Area Code Number 202 		10. Lowest pay or grade you will accept \$ PAY per GRADE OR 11. Are you willing to travel? (Check one) <input type="checkbox"/> NO <input type="checkbox"/> SOME <input type="checkbox"/> OFTEN 12. When will you be available?																	
4. Name (Last) (First) (Middle) (Maiden, if any) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. Malmgren Harald Bernard																					
5. Number and street, R.D., or Post Office box number 6917 Woodside Place				11. Are you willing to travel? (Check one) <input type="checkbox"/> NO <input type="checkbox"/> SOME <input type="checkbox"/> OFTEN 12. When will you be available?																	
6. City State ZIP Code Chevy Chase Maryland 20015																					
13. Will you accept:				YES		NO		(C) Will you accept a job in:		YES		NO									
(A) Temporary appointment of				—1 month or less?				—Washington, D.C.?		XX											
				—1 to 4 months?				—any place in the United States?													
				—4 to 12 months?				—outside of the United States?													
(B) Less than full time work? (Less than 40 hours per week)				<input checked="" type="checkbox"/>				—only in (specify):													
14. EDUCATION																					
(A) Did you graduate from high school, or will you graduate within the next nine months?						(B) Name and location (city and State) of last high school attended															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>MONTH/YEAR</td> <td>NO</td> <td>HIGHEST GRADE COMPLETED</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>June 1953</td> <td></td> <td></td> </tr> </table>						YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED	<input checked="" type="checkbox"/>	June 1953			Gorton High School, Warwick, Rhode Island							
YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED																		
<input checked="" type="checkbox"/>	June 1953																				
(C) Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)						Dates attended		Years completed		Credits completed		Type of degree	Year of degree								
						From	To	Day	Night	Semester hours	Quarter hours										
						Rensselaer Polytechnic Institute						1953	54	1							
						Yale University						1954	57	3			B.A.	1957			
						Harvard University						1958		1/2							
Oxford University (England)						1957	61	3 1/2				D.Phil 1961									
(D) Chief undergraduate college subjects						Credits completed		(E) Chief graduate college subjects													
						Semester hours	Quarter hours														
Economics								Economics													
(F) Major field of study at highest level of college work Economics																					
(G) Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, certificates, and any other pertinent data.																					
15. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED B.A. summa cum laude D.Phil. "with congratulations" Social Science Research Council Fellow Woodrow Wilson Fellow																					
16. FOREIGN LANGUAGES Enter foreign languages and indicate your knowledge of each by placing "X" in proper columns																					
				Reading			Speaking			Understanding			Writing								
				Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair						
French						X			X			X									
German						X			X			X									
17. Special qualifications and skills (licenses; skills with machines, patents or inventions; publications—do not submit copies unless requested; public speaking; memberships in professional or scientific societies; typing or shorthand speed; etc.)																					

[illegible]

YES	NO
X	

Reason for wanting to leave	
Description of work	Economic studies, writing on U. S. policies toward developing nations.

Reason for leaving	Better job
Description of work	In charge of all international operations of the President's trade office; supervisor of activities of interagency committees chaired by office; delegation leader for U.S. in GATT, U.N. and OECD meetings on trade; responsible for relations with American farm groups and certain industries. Member Exec. Committee, Cabinet Balance of Payments Committee; covered certain legislative matters.

Area Code and phone No. if known	
Reason for leaving	Better job
Description of work	Supervising studies on economic and strategic defense problems, for office of the Secretary of Defense and the Joint Chiefs of Staff

For agency use (skill codes, etc.)

10/61 to 7/62 Assistant Professor

Immediate supervisor: Frank Golay, Prof. Department of Economics
Acting Chairman, Cornell University

7/58 to 9/59 Consultant

Description of work: Economic analysis of investment in Turkey.

1963-64 Consultant, Dept. of State, Bureau of Economic Affairs

1969- Consultant, Office of the Special Representative for
Trade Negotiations, Executive Office of the President

1964-65 Lecturer, Georgetown University

1965- Professorial lecturer, School for Advanced International
 Studies, Johns Hopkins University, Washington, D. C.

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Answer all questions correctly and fully

Have you ever been employed by the Federal government as a civilian, give your last:		20. Birth place City: Boston State (or Foreign): Mass.	21. Legal or voting residence (State) Maryland
Grade	Job Title		
GS-17	Asst. Spec. Repr. for Trade Negotiations		
22. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 18, EXPERIENCE.			
Full Name	Present Business or Home Address (Number, street, city, State and ZIP Code)	Business or Occupation	
Prof. T. C. Schelling	Center for International Affairs, Harvard Univ., Cambridge, Mass.	teaching	
Joseph Greenwald	Ambassador of the U. S. to the OECD, Paris	Ambassador	
Hendrick Houthakker	Council of Economic Advisers, Exec. Off. of the President		
23. VETERAN PREFERENCE. 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.)			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," complete Items B through E below.			
B. List for all active military service:			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
Dates (From-To)	Branch	Serial or Service Number	
C. 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.)			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," give details in Item 34.			
D. Do you claim 5-point preference based on active duty in the armed forces?			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," you will be required to furnish records to support your claim at the time you are appointed.			
E. Do you claim 10-point preference?			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," complete and attach Standard Form 15. "Claim for 10-point Veteran Preference," together with the proof called for in that form.			
ANSWER ITEMS 24 THROUGH 33 BY PLACING AN "X" IN THE PROPER COLUMN			
24. Are you a citizen of the United States?			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
If "No," give country of which you are a citizen:			
25. Before answering this question read Item 25 in the attached instructions.			
A. Are you now, or within the last ten years have you been, a member of:			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
(1) The Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?			
(2) An organization that to your present knowledge advocates the overthrow of the constitutional form of government of the United States by force or violence or other unlawful means?			<input type="checkbox"/> <input checked="" type="checkbox"/>
B. If your answer to Item A(1) or A(2) is "Yes," write your answers to the following questions in Item 34 or on a separate piece of paper:			
(1) The name of the organization? (2) The dates of your membership? (3) Your understanding of the aims and purposes of the organization at the time of your membership?			
26. To insure that you are not placed in a position which might impair your health, or which might be a hazard to you or to others, we need information about the following: Do you have, or have you had, heart disease, a nervous breakdown, epilepsy, tuberculosis, or diabetes?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If your answer is "Yes," concerning any one of these, give details in Item 34.			
27. Within the last five years have you been fired from any job for any reason?			<input type="checkbox"/> <input checked="" type="checkbox"/>
28. Within the last five years have you quit a job after being notified that you would be fired?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If your answer to 27 or 28 above is "Yes," give details in Item 34. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 18, EXPERIENCE.			
29. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.)			<input type="checkbox"/> <input checked="" type="checkbox"/>
30. While in the military service were you ever convicted by general court-martial?			<input checked="" type="checkbox"/> <input type="checkbox"/>
If your answer to 29 or 30 is "Yes," give details in Item 34. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.			
31A. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Item 31 in the attached instruction sheet.)			<input type="checkbox"/> <input checked="" type="checkbox"/>
B. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If your answer to A is "Yes," give in Item 34 for such relatives: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to B is "Yes," also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.			
32. Do you receive or have you applied for retirement pay, pension, or other compensation based upon military or Federal civilian service?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If your answer is "Yes," give details in Item 34.			
33. Are you an official or employee of any State, territory, county, or municipality?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," give type of position or name of office, and location, in Item 34. Include whether elected or appointed.			

[illegible]

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

CERTIFICATION

~~SIGNATURE (Sign in ink)~~

DATE SIGNED _____

29 Jan 1970

☐ Refer for medical action

☐ Medical action Approved by

☐ Disapproved (*reason*):[illegible]