

# APPLICATION FOR FEDERAL EMPLOYMENT

57-103

1. Kind of position applied for, or name of examination		Announcement No.	
Consultant		N.A.	
2. Options for which you wish to be considered (if listed in examination announcement) N.A.			
3. Primary place(s) of employment applied for (City and State) Washington, D.C.			
4. Name (First, middle, maiden, if any, last) Mr. Harald B. MALMGREN			
5. Address (Number, Street, City, Zone, State) 1251 - 35th St., N.W., Washington 7, D.C.			
6. Home phone 338-0188		7. Office phone 234-9350, ext. 246 404	
8. Legal or voting residence (State) D.C.			
9. Height without shoes 6 feet 0 inches		10. Weight 160	
11. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		12. Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single (Incl. widowed, divorced)	
13. Birthplace (City and State, or foreign country) Boston, Mass.			
14. Birth date (Month, day, year) July 13, 1935		15. Social Security Number [REDACTED]	
16. If you have ever been employed by the Federal Government, indicate last grade and job title: N.A.			
Dates of service in that grade From To			

DO NOT WRITE IN THIS BLOCK For Use of Examining Office Only				
<input type="checkbox"/> Appor.	<input type="checkbox"/> Material	Entered Register:		
<input type="checkbox"/> Nonappor.	<input type="checkbox"/> Submitted			
	<input type="checkbox"/> Returned			
Notations:				
App. Reviewed:				
App. Approved:				
Option	Grade	Earned Rating	Preference	Augm. Rating
			<input type="checkbox"/> 5 points (Tent.)	
			<input type="checkbox"/> 10 points Comp. Dis.	
			<input type="checkbox"/> Other 10 Point	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being Investigated	
Initials and date				

17. AVAILABILITY INFORMATION			
A. Lowest grade or pay you will accept \$ Per or grade	B. Will you accept temporary appointment? (Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate by "X" in appropriate box or boxes. N.A.		
	<input type="checkbox"/> 1 mo. or less <input type="checkbox"/> 1 to 4 months <input type="checkbox"/> 4 to 12 months		
C. Will you accept less than full-time employment (less than 40 hours per week)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Are you willing to travel? <input type="checkbox"/> Not at all <input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently		
E. Will you accept employment: In Washington, D.C.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Will you accept appointment only in certain locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list locations:		

18. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE			
A. List Dates, Branch, and Serial or Service Number of All Active Service			
From To		Branch of Service	Serial or Service Number
N.A.			
B. Have you ever been discharged from the armed forces under other than honorable conditions? <input type="checkbox"/> Yes (Give details in Item 39) <input type="checkbox"/> No N.A.			
C. Do you claim 5-point preference based on wartime military service? <input type="checkbox"/> Yes N.A. <input type="checkbox"/> No		D. Do you claim 5-point preference based on service during peacetime campaign? N.A. <input type="checkbox"/> Yes (Complete and attach Standard Form 15) <input type="checkbox"/> No	
E. Do you claim 10-point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Veteran Preference Claim" TYPE: <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother N.A.			

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY			
The information given in answer to Question 18 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.			
VETERAN PREFERENCE ALLOWED: <input type="checkbox"/> 5-point <input type="checkbox"/> 10-point Comp. Disab. <input type="checkbox"/> Other 10-point <input type="checkbox"/> None			
Signature and title		Agency	Date

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
1	Dates of employment (month, year) From 23 July 1962 To present time	Exact title of position Economist	Number and kind of employees you supervise N.A.	
Salary or earnings Starting \$ 17,400 per Annum Present \$ 17,400 per Annum		Classification Grade (If in Federal service)	Place of employment (City & State) Washington, D.C.	Kind of business or organization, (Manufacturing, accounting, insurance, etc.) Non-profit research
Name and address of employer (firm, organization, etc.) Institute for Defense Analyses 1666 Connecticut Ave, NW, Wash 9, DC			Name, title, and present address of immediate supervisor Dr. Stephen Enke Acting Director, Economics Group	
Reason for wanting to leave N.A.				
Description of work Economic and strategic analysis of active defense; research on military aid and economic development, the balance of payments and foreign policy, etc.				
2	Dates of employment (month, year) From Aug 1961 To July 1962	Exact title of position Assistant Professor	Number and kind of employees you supervised N.A.	
Salary or earnings Starting \$ 7,500 per 9 months Final \$ 11,500 per 9 months Offer for 1962-63		Classification Grade (If in Federal service)	Place of employment (City & State) Ithaca, N.Y.	Kind of business or organization, (Manufacturing, accounting, insurance, etc.) University
Name and address of employer (firm, organization, etc.) Department of Economics Cornell University			Name, title, and present address of immediate supervisor Prof. Frank Golay Acting Chairman	
Reason for leaving Better job, higher pay, work in Washington, DC				
Description of work Teaching Economics (Industrial Organization and Economic Policy, Introductory Economics)				
3	Dates of employment (month, year) From July 1958 To Sept 1959	Exact title of position Consultant	Number and kind of employees you supervised N.A.	
Salary or earnings Starting \$ 600 per month (summer '58) Final \$ 2400 per Annum		Classification Grade (If in Federal service)	Place of employment (City & State) Summer 1958, Istanbul Turkey on retainer thereafter	Kind of business or organization, (Manufacturing, accounting, insurance, etc.)
Name and address of employer (firm, organization, etc.) Hudson Valley Steel Erection Co., Inc. 230 W. 41 St., New York, NY			Name, title, and present address of immediate supervisor R. A. Duvallon, President	
Reason for leaving Work on longer required				
Description of work Economic analysis of an investment in Istanbul, supply of economic information				

SUPPLEMENTAL SHEET

Standard Form 57  
APPLICATION FOR FEDERAL EMPLOYMENT

Harald B. MALMGREN

Item 20. g. Special Qualifications and Skills not covered in application.

Publications: "How Long is the Long Run?" (a note), Economic Journal,  
June 1960

"Congestion and Idle Capacity in an Economy", co-authored  
by A. Araoz, Review of Economic Studies, June 1961

"Information, Expectations and the Theory of the Firm",  
Quarterly Journal of Economics, August 1961

"Balance, Imbalance and External Economies", Oxford Economic  
Papers, February 1963

also, articles on economic policy in The New Republic

Professional societies:

Royal Economic Society (Great Britain)  
American Economic Association

Honors and Fellowships:

Yale University, B.A. summa cum laude, Scholar of the  
House with Exceptional Distinction

Oxford University, D. Phil., (with congratulations)

Charles P. Howland Travelling Fellow, from Yale

Woodrow Wilson Fellow

Social Science Research Council Pre-doctoral Fellow

Nuffield College Research Studentship

# ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

## 20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)  N.A.	B. State or other licensing authority  N.A.	C. Year of first license or certificate  N.A.	D. Year of latest license or certificate  N.A.
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices)  N.A.		F. Approximate number of words per minute: Typing N.A. Shorthand N.A.	
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received.)  See supplemental sheet attached			

## 21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1953		Samuel Gorton High School, Warwick, R.I.					
											X								
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
Rensselaer Polytechnic Inst, Troy NY												9/53	6/54	1					
Yale Univ, New Haven, Conn.												9/54	6/57	3				BA	1957
Harvard Univ, Cambridge, Mass.												9/58	1/59	1/2					
Oxford University, England												9/57	6/58					D.Phil	1961
												1/59	7/61						
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects				Semester Hours Credit	Quarter Hours Credit
International Economics												6+		Economic Theory				NA	
Economic Theory												9		Math Economics				NA	
Labor												3		Research				NA	
Research in Econ. Development												30							
G. State major field of study at highest level of college work  Economics																			
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.  None																			

## 22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☒ Yes ☐ No

If "Yes," give in Item 39 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation).

## 23. FOREIGN LANGUAGES

Enter foreign language and indicate your knowledge of each by placing "X" in proper column	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
French			X									
German			X									

## 24. REFERENCES

List three persons living in the United States or territories of the United States 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 19.		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Prof. T. C. Schelling	Center for International Affairs Harvard U, Cambridge, Mass.	Teacher, Govt, Consultant
James E. King, Jr.	International Studies Div., Institute for Defense Analyses	Division Director
Dr. Benjamin Caplan	Director, Office of Int'l. Finance, Dept. of State	Dept. of State



ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen: _____		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?			X
<i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet.)</i>			
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? <i>(If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)</i>			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.</i>			X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? <i>If your answer is "Yes," give details in Item 39.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with statements made in Item 19—Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? <i>(You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)</i>			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court-martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			X
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
Item No.	Answer	Item No.	Answer
22	Countries visited: Germany, Italy, Sweden, Austria, France, Denmark, Yugoslavia, Monaco, Spain, Switzerland, Turkey, Greece, United Kingdom.		
	Purpose of visits: education and touring while studying at Oxford.		
	Dates left and returned USA: left 7/57, ret 9/58; left 1/59, ret 3/60; left 3/60, ret 8/61		
If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach on inside of this application.			
<b>ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION</b>  <b>A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.</b>			
<b>CERTIFICATION</b>  I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.			
Signature of applicant _____		Date <u>24 March 1963</u>	
(Sign in ink)			

DEPARTMENT OF STATE  
SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper.  
Write on each sheet your name, address and date of birth.  
Identify each item, and attach to this application.

Form Approved  
Budget Bureau No. 47-RO71.71. A. NAME (PRINT)  
MALMGREN, Harald BernardB. DATE OF BIRTH  
13 July 1935C. ADDRESS  
1251 - 35th Street, N.W.  
Washington 7, D.C.

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

☐ FOREIGN SERVICE ONLY☐ DEPARTMENTAL ONLY☒ FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (PLACE FROM WHICH YOU WILL EXPECT TRANSPORTATION OF SELF AND HOUSEHOLD EFFECTS, IF ANY, IF APPOINTED TO THE FOREIGN SERVICE)

1251 - 35th Street, N.W.  
Washington 7, D.C.

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE (SECTION 6 ON STANDARD FORM 57)

N.A.

5. A. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?

☐ YES☒ NOB. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?  
(GIVE DETAILS, IF ANSWER IS "YES" TO A. OR B.)☐ YES☒ NO

C. IF DIVORCED, GIVE NAME OF COURT, LOCATION, DECREE, AND DATE FINAL DECREE GRANTED

N.A.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?  
(EXCLUSIVE OF OVERSEAS ALLOWANCES)

N.A.

\$

PER YEAR

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. A. FULL NAME OF SPOUSE (IF WIFE, GIVE MAIDEN NAME)

Patricia Ann (Nelson) MALMGREN

B. DATE OF BIRTH

13 November 1934

C. PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)

Los Angeles, Calif.

D. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

N.A.

E. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

N.A.

9. NAME OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
Karen Philippa Malmgren	Daughter	1962	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. A. FATHER'S NAME

Berndt Birger MALMGREN

B. PRESENT ADDRESS (IF DECEASED, SO STATE DATE OF DEATH)

3391 West Shore Road.,  
Warwick, Rhode Island

C. PLACE OF BIRTH

Sweden

11. A. MOTHER'S NAME

Magda Helena (Nilsson)  
MALMGREN

B. PRESENT ADDRESS (IF DECEASED, SO STATE DATE OF DEATH)

3391 West Shore Road,  
Warwick, Rhode Island

C. PLACE OF BIRTH

Sweden

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (CHECK BELOW)

FATHER

☒ YES☐ NO

MOTHER

☒ YES☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

☐ YES☒ NO

(IF "YES" GIVE DATE, NATURE OF POSITION APPLIED FOR, AND KIND OF EXAMINATION TAKEN, IF ANY)

FORM DSP-34 7-15-55		PAGE 2
14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES		
NAME	RELATIONSHIP	ADDRESS
Christina Malmgren	Grandmother	Höganäsgratan 11-A, Upsala, Sweden
Sten Malmgren	Uncle	Eskilstuna, Sweden
Roger Malmgren	Cousin	Tierp, Sweden
15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS: (Item 14 continued on attached sheet)		
A. BUSINESS Student at Oxford University, England; and B. EMPLOYMENT 7/58 to 8/58 self-employed consultant in Istanbul, Turkey for Hudson Valley Steel Erection Co, 230 W. 41 St, New York, NY		
16. DOES YOUR PRESENT FINANCIAL POSITION PERMIT DISCHARGE OF ALL CURRENT DEBTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", STATE INFORMATION REQUESTED BELOW:		
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
N.A.		
17. A. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", GIVE DETAILS IN ITEM 34 OF STANDARD FORM 57		
18. PRESENT MILITARY STATUS		
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION: Local Board No. 2 Classif: 1-A Rm. 3, Majestic Bldg, West Warwick, RI		
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", STATE BELOW THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS:		
C. LIST DECORATIONS (EXCLUSIVE OF SERVICE RIBBONS), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES: N.A.		
19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED		
None		
20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (REPEAT NAMES LISTED IN ITEM 21, STANDARD FORM 57 AND ADD TWO ADDITIONAL REFERENCES)		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (GIVE COMPLETE CURRENT ADDRESS, INCLUDING STREET AND NUMBER)	BUSINESS OR OCCUPATION
Prof. T. C. Schelling	Center for Int'l. Affairs, Harvard U., Cambridge, Mass.	Teacher, Govt. Consultant
Mr. James E. King, Jr.	International Studies Division, Institute for Defense Analyses	Defense Analyst
Dr. Benjamin Caplan	Director, Office of Internat'l Finance, Dept. of State	Dept. of State
Mr. Richard M. Bissell, Jr.	Institute for Defense Analyses, 1666 Conn. Ave, NW, Wash 9, DC	President, IDA; Economist
Mr. Alain C. Enthoven	Depty. Asst. Secy of Defense (Comptroller), Pentagon	Govt. official; Economist
21. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22. SOCIAL SECURITY NO., IF ANY
23. DO YOU HAVE CIVIL SERVICE STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW IF ANSWER IS "YES", STATE NAME OF AGENCY AND DATE ACQUIRED		
24. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service employment, state in Item 34 of Standard Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.		
DATE 24 March 1963	SIGNATURE Harold R. Malmgren	

MALMGREN, Harald Bernard

Item 14 - continued

Aunt	Sigrid Malmgren	Höganäs-gatan, Upsala, Sweden
Aunt	Elsa Carlsson	Ronneby, Sweden
Aunt	Martha Ottosson	Kallinge, Beeking, Sweden