

UNITED STATES DEPARTMENT OF LABOR
 CERTIFICATE OF SELECTION
 FOR THE
 CIVILIAN CONSERVATION CORPS

CC4-411214

APPLICANT'S NAME Buhler George Lawrence DATE Oct. 17, 1938
(Last Name) (First Name) (Middle)
 ADDRESS 807 Atlantic Avenue APPLICATION RECEIVED BY—
 LOCAL AGENCY Department of Public Works
 POST OFFICE New Orleans, La. ADDRESS 700 Lafayette Street
 STATE OF LOUISIANA PARISH Orleans CITY OR TOWN New Orleans, La.

SECTION 1.
 Age 17 Place and date of birth Algiers, (New Orleans, La.) 4 - 23 - 38
(City and State) (Month) (Day) (Year)
 If not born in the United States, have you been naturalized? *— First papers _____ Final papers _____
(Date) (Place) (Date)
 Height 72" Weight 130 Color of eyes Brown Color of hair Black
(Minimum: 60 in.) (Minimum: 107 lb.)
 Applicant's Marital Status Single Is your father living? yes Mother living? yes
(Yes or No) (Yes or No)
 How many brothers? 0 Sisters? 2 Occupation of principal wage earner of family? Relief
 How many members of your family reside in the same household with you? (Excluding applicant) 5
(Number)
 Do you live on a farm? No If so, is the farm owned by your family? No
(Yes or No) (Yes or No)
 Do you live in a town or village of less than 2500 persons, or in a rural area, and not on a farm? No
(Yes or No)
 School last attended St Aloysius Located at New Orleans, La. Date of leaving 6-1938
(Name of School) (City and State)
 EDUCATION: (Circle highest grade completed) Grammar or grade school 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4
 Special educational or vocational interests Bookkeeping
 Applicant's reason(s) for desiring C.C.C. enrollment: Financial Aid

SECTION 2.
 Are you now unemployed? No How long unemployed? — Do you need employment? Yes
(Yes or No) (Months) (Yes or No)
 Have you ever had a paid regular job? No If so, give date last job ended _____
(Yes or No)
 Eligible for unemployment compensation? No Receiving such compensation? No
(Yes or No) (Yes or No)
 If not, is claim pending? No
(Yes or No)
 Employed with State Employment Service? Yes Work best qualified for clerical
(Yes or No)
 If previously employed, give chronological statement of your work history in space below.

Name and address of Employer	Nature of work performed	Inclusive Dates of Employment	
		From	To
<u>Home</u>			

(This form to be completed on reverse side)