REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: '25 AUG 14 PM 4:09:39
8/18/2025

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Broxson, William, T. BW25		1889 FL

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☐ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1972 TX

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
T. is for Thomas. He might have gone by just Thomas Broxson in records

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)	
Lighthouse Service (AL/FL/LA/TX)	
From: 1922	To: 1939
(Agency & Location)	
From:	To:
(Agency & Location)	
From:	To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-0061407 31

Attendant Signature:

CMRS Search Request Number(s): Submitted to Arc. Search 8/18/25 BB

Remarks: '25 AUG 22 AM 9:51:37

SCREENING NOTES

- ☑ Reviewed and Nothing Removed RL
- ☐ Items Removed and User Informed

Hold Requested: ☑ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

DEPARTMENT OF COMMERCE
UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D. C.

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION No.	4. DATE
Mr. William T. Broxson	4-5-89	MA	12-18-50 is

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Retirement (Disability)	11-30-50	Sec 6 Act of 5-29-30 as amended

FROM		TO
Fleet Workman	8. POSITION TITLE	
Ung. St 5 $1.18 p/h (Pos No 0498.244)	9. SERVICE, GRADE, SALARY	
Maritime Administration Office of Maritime Operations Division of Vessel Custody Beaumont Reserve Fleet Beaumont, Texas	10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	
[x] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[ ] FIELD [ ] DEPARTMENTAL

13. REMARKS

LDS 9-25-50 carried ABL 9-26-50, S/L 9-27 acc 2nd hr 9-28-50, A/L from acc 2nd hr 9-28-50 - 10-5-50 acc 1st hr. LWOP from acc 1st hr 10-6-50 --11-30-50 COB To be paid lump sum for 5 hours A/L Period covered by leave ends 12/1/50 acc 5 hr.

Personnel Officer
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN PREFERENCE								16. POSITION CLASSIFICATION ACTION				
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.	
	X	Disab.	Wife	Widow		X						

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM: TO: 1511700.060 00-54-01-04	Yes		Texas

4. PERSONNEL FOLDER COPY

☆ U. S. GOVERNMENT PRINTING OFFICE: 1949 - 824386

FORM MA-4742
(REV. 8-50)

U.S. DEPARTMENT OF COMMERCE
MARITIME ADMINISTRATION

UNGRADED EMPLOYEE EFFICIENCY RATING REPORT

TYPE OF RATING
☐ ADMINISTRATIVE, UNOFFICIAL
☐ REGULAR ☐ SPECIAL

LAST NAME – FIRST NAME – MIDDLE INITIAL
Broxson, William T.

PERIOD COVERED BY THIS RATING
5-1-50 to 10-31-50

JOB TITLE Fleet orlman

DATE OF INTERVIEW WITH EMPLOYEE *(To be entered by rating official)* On Indefinite Sick Leave

ORGANIZATION – *(Indicate office, division, section, unit, field station)*
Office of Maritime Operations
Division of Vessel Custody
Beaumont Reserve Fleet
Beaumont, Texas

DATE OF OFFICIAL NOTIFICATION TO EMPLOYEE DEC 11 1950

APPROVAL BY EFFICIENCY RATING COMMITTEE
E. D. FORD — SIGNATURE OR STAMP
NOV 20 1950 — DATE

YOUR RATING GROUP AND ELEMENTS TO BE RATED IN THIS GROUP
☐ I. SEMISKILLED OR UNSKILLED *(1 - 9 inclusive)* ☐ II. SKILLED *(3 - 11 inclusive)*
☐ III. FOREMAN - SUPERVISOR *(7 - 15 inclusive)*
See "Remarks" for explanation if rating elements other than those specified for your group are used.

OUR BEST JUDGMENT IS THAT YOU OBTAIN THE FOLLOWING LEVELS OF WORK PERFORMANCE: *(These totals summarize the detailed ratings on the reverse of this form)*

A. TOTAL	B. TOTAL	C. TOTAL
3	4	

ADJECTIVE EFFICIENCY RATING (TO BE ENTERED BY RATING OFFICIAL) *(See below for meaning of rating)*
VG.

RATER *(Sign both copies)*
H. J. Gray — SIGNATURE
11-9-50 — DATE

REVIEWER *(Sign both copies)*
P Hewlin — SIGNATURE
11-10-50 — DATE

WHAT YOUR RATING MEANS

The adjective rating entered on this form is based on the total of your score on all rating elements used for evaluating your work *(see your levels of work performance as indicated above)*. The general meaning of the five adjective ratings is as follows:

EXCELLENT (E) – means that your performance in practically all phases of your work is outstanding.

VERY GOOD (VG) – means that in a majority of all phases of your work your performance is outstanding.

GOOD (G) – means that you are meeting all work requirements in a fully satisfactory manner.

FAIR (F) – means that your performance does not quite measure up to requirements from an overall point of view.

UNSATISFACTORY (U) – means that your performance in a majority of all phases of your work does not meet job requirements.

TABLE FOR CONVERTING ELEMENT SCORES TO ADJECTIVE EFFICIENCY RATINGS

EXCELLENT			VERY GOOD			GOOD			FAIR			UNSATISFACTORY		
A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
9	-	-	7	1	1	6	1	2	4	-	5	2	1	6
8	1	-	7	-	2	6	-	3	3	2	4	2	-	7
8	-	1	6	3	-	5	3	1	3	1	5	1	3	5
7	2	-	6	2	1	5	2	2	3	-	6	1	2	6
			5	4	-	5	1	3	2	4	3	1	1	7
						5	-	4	2	3	4	1	-	8
						4	5	-	2	2	5	-	5	4
						4	4	1	1	6	2	-	4	5
						4	3	2	1	5	3	-	3	6
						4	2	3	1	4	4	-	2	7
						4	1	4	-	8	1	-	1	8
						3	6	-	-	7	2	-	-	9
						3	5	1	-	6	3			
						3	4	2						
						3	3	3						
						2	7	-						
						2	6	1						
						2	5	2						
						1	8	-						
						1	7	1						
						-	9	-						

INSPECTION, APPEALS, AND SIGNIFICANCE OF EFFICIENCY RATINGS
(Applies to Regular and Special Efficiency Ratings Only)

If you have questions on your efficiency rating, it is suggested that you discuss them with your supervisor or the Personnel Officer. You may see the final adjective ratings (not the detailed rating forms) of all ungraded employees at your duty station, as recorded in the Personnel Office.

A written appeal for a hearing may be made directly to your local Efficiency Rating Committee within 15 days of receipt of your notification of rating. If you are still dissatisfied, within 30 days after you receive a decision regarding your appeal from that Committee you may submit a written appeal to the Board of Review. Should you prefer, you may appeal directly to the Board of Review within 30 days after you receive official notification of rating. An appeal letter should specify the elements on the rating report which are contested, and should contain all pertinent information.

In order to receive a periodic salary advancement to the middle Wage Rate Step an efficiency rating of "Good" or better is necessary and to the top Wage Rate Step a rating of "Very Good" or "Excellent" is necessary. An efficiency rating of "Fair" requires a one-step salary reduction if you are receiving more than the entrance or minimum rate for your job. An efficiency rating of "Unsatisfactory" requires that the employee be dismissed or reassigned to other work in which he could be expected to render satisfactory service. Efficiency ratings are also a factor in determining the order in which employees are affected by reduction in force.

0518

LEVEL OF WORK PERFORMANCE A	B	C	RATING ELEMENTS
☑	☐	☐	**1. HOW GOOD HAVE YOU BEEN AT LEARNING NEW JOBS?** A. YOU GET THINGS RIGHT THE FIRST TIME AND FOLLOW DIRECTIONS EXACTLY. B. YOU CATCH ON AND USUALLY GET THINGS RIGHT WITHOUT TOO MUCH EXPLANATION. C. IT'S NECESSARY TO REPEAT INSTRUCTIONS TOO OFTEN.
☐	☑	☐	**2. HAVE YOU SHOWN THAT WE CAN COUNT ON YOU WHEN THERE'S A JOB TO BE DONE?** A. WHEN THERE'S A JOB TO BE DONE, WE CAN ALWAYS BE SURE THAT YOU'LL GET IT DONE. B. WE FIND IT'S USUALLY SAFE TO ASSIGN A JOB TO YOU AND KNOW IT WILL BE DONE. C. WHEN WE GIVE YOU A JOB WE CAN'T BE SURE THAT IT WILL BE DONE, OR DUE TO YOUR ABSENTEEISM WORK ASSIGNMENTS ARE DISRUPTED.
☐	☑	☐	**3. DOES THE AMOUNT OF WORK YOU TURN OUT MEASURE UP TO STANDARD?** A. YOU STAND OUT AS A TOP PRODUCER FOR YOUR KIND OF WORK. B. THE AMOUNT OF WORK YOU GET DONE MEETS THE STANDARD FOR YOUR JOB. C. YOUR OUTPUT DOESN'T MEET THE STANDARD OFTEN ENOUGH.
☐	☑	☐	**4. WHAT IS THE QUALITY OF WORK YOU HAVE BEEN TURNING OUT?** A. YOU DO A THOROUGH JOB WHICH ALWAYS PASSES INSPECTION. B. THE QUALITY OF YOUR WORK IS USUALLY UP TO STANDARD. C. YOUR WORK FREQUENTLY DOES NOT PASS INSPECTION.
☑	☐	☐	**5. HOW DO YOU AFFECT THE MORALE OF YOUR UNIT?** A. YOU SHOW BY POSITIVE ACTIONS THAT YOU PLACE THE INTERESTS OF THE UNIT ABOVE YOUR OWN AND ENCOURAGE THE SAME ATTITUDE IN OTHERS. B. YOU ARE A GOOD TEAMWORKER AND COOPERATE IN GETTING THE JOB DONE. C. YOUR ATTITUDE AND ACTIONS HINDER THE WORK OF YOUR UNIT.
☐	☑	☐	**6. DO YOU KEEP YOUR HEAD WHEN THERE'S PRESSURE?** A. YOU ARE VERY LEVEL-HEADED AND EASILY TAKE PRESSURE IN YOUR STRIDE. B. YOU SHOW GOOD CONTROL AND DON'T GET UPSET VERY OFTEN BY PRESSURE. C. PRESSURE SEEMS TO UPSET YOU UNDULY.
☑	☐	☐	**7. HAVE YOU BEEN PUTTING IN A FULL DAY'S WORK?** A. YOU ARE UNUSUALLY DILIGENT AND EFFECTIVE IN THE USE OF YOUR WORKING TIME. B. YOU USUALLY APPLY YOURSELF ON THE JOB ASSIGNED TO YOU. C. YOU TEND TO WASTE TIME BY LOAFING, STALLING, OR TAKING UP THE TIME OF OTHERS.
☑	☐	☐	**8. WHAT IS YOUR RECORD (OR YOUR WORKERS' RECORD[1]) FOR OBEYING SAFETY REGULATIONS AND OTHER RULES?** A. YOU HAVE AN EXCELLENT RECORD FOR FOLLOWING REGULATIONS STRICTLY. B. YOU ARE USUALLY CAREFUL ABOUT STICKING TO WORKING REGULATIONS. C. YOU SEEM TO BE INDIFFERENT OR THOUGHTLESS ABOUT OBEYING REGULATIONS, AND ENDANGERING OTHERS.
☑	☐	☐	**9. WHAT IS YOUR RECORD (OR YOUR WORKERS' RECORD[1]) FOR CARE AND MAINTENANCE OF EQUIPMENT?** A. THE EXCELLENT CONDITION OF YOUR TOOLS AND EQUIPMENT SHOWS THAT YOU TAKE PROPER CARE OF THEM. B. INSPECTIONS OF YOUR TOOLS AND EQUIPMENT SHOW THAT THEY ARE USUALLY KEPT IN GOOD SHAPE. C. YOU NEGLECT GIVING YOUR TOOLS AND EQUIPMENT PROPER CARE AND KEEPING THEM IN GOOD WORKING ORDER.
☐	☐	☐	**10. HAVE YOU BEEN MEETING WORK SCHEDULES ON TIME?** A. YOU'RE KEEPING RIGHT ON TOP OF YOUR JOB AND ALWAYS COMPLETING YOUR WORK ON SCHEDULE. B. YOU USUALLY MEET SCHEDULES WITHOUT BEING RUSHED TO MEET DEAD LINES. C. YOU CAN'T SEEM TO MEET REASONABLE SCHEDULES OR THROUGH ABSENTEEISM UPSET WORK SCHEDULES.
☐	☐	☐	**11. ARE YOU A SELF-STARTER WHEN THERE'S A JOB TO BE DONE?** A. YOU ALWAYS SEE WHAT HAS TO BE DONE AND ASSUME RESPONSIBILITY WITHOUT WAITING TO BE TOLD. B. YOU USUALLY SHOW INITIATIVE AND GET THINGS MOVING WITHOUT WAITING TO BE TOLD. C. YOU TEND TO AVOID RESPONSIBILITY AND WAIT TO BE TOLD EVERYTHING.
☐	☐	☐	**12. HOW DO YOU REACT TO DECISIONS OF MANAGEMENT WHICH REQUIRE CHANGES IN PROCEDURES OR SCHEDULES?** A. YOU TAKE CHANGES IN YOUR STRIDE AND QUICKLY FIT YOUR OPERATIONS TO MEET NEW SCHEDULES OR PROCEDURES. B. YOU ACCEPT CHANGES WITHOUT TOO MUCH DIFFICULTY AND ADJUST YOURSELF REASONABLY WELL. C. YOU APPEAR TO RESIST CHANGES OR HAVE TROUBLE IN ADJUSTING YOURSELF TO REQUIRED CHANGES.
☐	☐	☐	**13. HOW SUCCESSFUL HAVE YOU BEEN IN SOLVING NEW PROBLEMS OF A TECHNICAL OR PROCEDURAL NATURE?** A. YOU'VE BEEN SHOWING EXCELLENT JUDGMENT IN SOLVING DIFFICULT PROBLEMS AND IN DEVISING NEW WAYS OF GETTING THE JOB DONE SOONER AND BETTER. B. YOU'VE HANDLED ROUTINE PROBLEMS SUCCESSFULLY AND HAVE FOUND THE RIGHT SOLUTION TO SOME OF THE MORE DIFFICULT PROBLEMS. C. YOU'VE BEEN GIVING UP TOO EASILY OR YOU HAVE BEEN GETTING TOO INVOLVED IN SOLVING YOUR PROBLEMS.
☐	☐	☐	**14. HOW GOOD A JOB HAVE YOU DONE IN PLANNING AND FOLLOWING UP THE WORK OF YOUR UNIT?** A. YOUR METHODS OF SCHEDULING WORK LOADS, AND OF CARRYING THEM OUT, HAVE BEEN HIGHLY SUCCESSFUL. B. YOU'VE USUALLY DONE A GOOD JOB IN ORGANIZING THE WORK OF YOUR UNIT AND FOLLOWING UP ON ITS ACCOMPLISHMENT. C. YOU JUST CAN'T GET THINGS AS WELL ORGANIZED AS THEY SHOULD BE OR ELSE YOU DON'T FOLLOW UP TO GET THE JOB DONE PROPERLY.
☐	☐	☐	**15. HOW EFFECTIVE A JOB HAVE YOU DONE IN UTILIZING YOUR PERSONNEL?** A. THE HIGH MORALE AND EFFICIENCY OF YOUR OUTFIT SHOW YOU'VE BEEN DOING AN EXCELLENT JOB OF EVALUATING AND DEVELOPING THE ABILITIES OF YOUR WORKERS AND ASSIGNING THEM TO APPROPRIATE DUTIES. B. YOU'VE DONE A GOOD JOB OF EVALUATING AND DEVELOPING THE ABILITIES OF MOST OF YOUR WORKERS AND ASSIGNING THEM TO APPROPRIATE DUTIES. C. YOUR DIFFICULTY IN GETTING WORKERS TO COOPERATE WITH YOU INDICATES THAT YOU NEED TO GIVE MORE ATTENTION TO EFFECTIVE UTILIZATION OF YOUR WORKERS.
TOTAL OF LEVELS OF WORK PERFORMANCE A: 5	B: 4	C:	REMARKS

[1] To be used in questions 8 and 9 when rating group III employees

80518

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

DEPARTMENT OF COMMERCE
UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D. C.

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION No.	4. DATE
Mr. William T. Bronson	4-3-89	MA	10-23-50 ds

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Leave Without Pay	10-20-50 aco 1st hour	

FROM		TO
Fleet Workman	8. POSITION TITLE	
Ungraded Step 3 $1.18 ph	9. SERVICE, GRADE, SALARY	
Maritime Administration Office of Maritime Operations Division of Vessel Custody Beaumont Reserve Fleet Beaumont, Texas	10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[ ] FIELD [ ] DEPARTMENTAL

13. REMARKS

Not to exceed 120 days.

This notice confirms action approved by Chief, Gulf Coast Branch on 10-19-50.

Personnel Officer
14. SIGNATURE OR OTHER AUTHENTICATION

VETERAN PREFERENCE						16. POSITION CLASSIFICATION ACTION				
PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.
	Disab.	Wife	Widow							
X					X					0498.244

18. CE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
W	FROM: TO: 1511700.060 70-72-34-01-01	Yes		Texas

☆ U. S. GOVERNMENT PRINTING OFFICE: 1949 - 824386

4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

DEPARTMENT OF COMMERCE
MARITIME ADMINISTRATION
UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D. C.

FORM APPROVED.
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION No.	4. DATE
Mr. William T. Bronson	4-3-89	MA 7	9-13-50 da

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Reassignment and Periodic Step Increase	10-1-50	C.S.Reg. 8.103 and MA Wage Rate Step Plan of 7-1-49

FROM		TO
Fleet Workman	8. POSITION TITLE	Fleet Workman
Ungraded Step 2 $1.12 ph	9. SERVICE, GRADE, SALARY	Ungraded Step 3 $1.18 ph
Maritime Administration Office of Vessel Custody Beaumont Reserve Fleet	10. ORGANIZATIONAL DESIGNATIONS	Maritime Administration Office of Maritime Operations Division of Vessel Custody Beaumont Reserve Fleet
Beaumont, Texas	11. HEADQUARTERS	Beaumont, Texas
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. REMARKS

Reassignment is pursuant to the Acting Administrator's memorandum issued 6-27-50.
Subject to approval by the Civil Service Commission.
Last equivalent increase: 9-19-49 PPI $1.06 ph to $1.12 ph.
Efficiency Rating approved 5-9-50 Very Good.
No leave without pay in excess of two work weeks in period 9-19-49 through 9-18-50.

C. E. Lovejoy
Signature

52 hours LWOP taken during Year 1949.
(Original Signed) J. M. Haynes
Signature

Service and conduct satisfactory.
Manuel Gonzalez
Signature

Personnel Officer
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN PREFERENCE								16. POSITION CLASSIFICATION ACTION				
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.	Transfer of position and incumbent 0193.244
	X	Disab.	Wife	Widow		X						

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM: 1311700.060 70-72-34-01-01 TO: 1311700.060 70-72-34-01-01	Yes		Texas

U. S. GOVERNMENT PRINTING OFFICE: 1949 - 824386

4. PERSONNEL FOLDER COPY

FORM MC-4742 (REV. 10/48)

U. S. MARITIME COMMISSION

UNGRADED EMPLOYEE EFFICIENCY RATING REPORT

TYPE OF RATING
☐ ADMINISTRATIVE, UNOFFICIAL
☑ REGULAR ☐ SPECIAL

LAST NAME – FIRST NAME – MIDDLE INITIAL	PERIOD COVERED BY THIS RATING
Broxson, William T.	11-1-49 to 4-30-50
JOB TITLE: Fleet Workman	DATE OF INTERVIEW WITH EMPLOYEE *(To be entered by rating official)*: 4/19/50
ORGANIZATION – *(Indicate bureau, division, section, unit, field station)*: Bureau of Vessel Custody, Beaumont Reserve Fleet, Beaumont, Texas	DATE OF OFFICIAL NOTIFICATION TO EMPLOYEE: MAY 23 1950
	APPROVAL BY EFFICIENCY RATING COMMITTEE: MAY 9 1950 — E. D. FORD (SIGNATURE OR STAMP) — DATE

YOUR RATING GROUP AND ELEMENTS TO BE RATED IN THIS GROUP

☑ I. SEMISKILLED OR UNSKILLED *(1 - 9 inclusive)* ☐ II. SKILLED *(3 - 11 inclusive)*

☐ III. FOREMAN – SUPERVISOR *(7 - 15 inclusive)*

See "Remarks" for explanation if rating elements other than those specified for your group are used.

OUR BEST JUDGMENT IS THAT YOU OBTAIN THE FOLLOWING LEVELS OF WORK PERFORMANCE: *(These totals summarize the detailed ratings on the reverse of this form)*

A. TOTAL	B. TOTAL	C. TOTAL
5	4	

ADJECTIVE EFFICIENCY RATING (TO BE ENTERED BY RATING OFFICIAL) *(See below for meaning of rating)*: Very Good

RATER *(Sign both copies)*	REVIEWER *(Sign both copies)*
S. M. Lacy — SIGNATURE	I. L. Steele — SIGNATURE
4/19/50 — DATE	4-24-50 — DATE

WHAT YOUR RATING MEANS

The adjective rating entered on this form is based on the total of your score on all rating elements used for evaluating your work *(see your levels of work performance as indicated above)*. The general meaning of the five adjective ratings is as follows:

EXCELLENT (E) – means that your performance in practically all phases of your work is outstanding.

VERY GOOD (VG) – means that in a majority of all phases of your work your performance is outstanding.

GOOD (G) – means that you are meeting all work requirements in a fully satisfactory manner.

FAIR (F) – means that your performance does not quite measure up to requirements from an overall point of view.

UNSATISFACTORY (U) – means that your performance in a majority of all phases of your work does not meet job requirements.

TABLE FOR CONVERTING ELEMENT SCORES TO ADJECTIVE EFFICIENCY RATINGS

EXCELLENT A	EXCELLENT B	EXCELLENT C	VERY GOOD A	VERY GOOD B	VERY GOOD C	GOOD A	GOOD B	GOOD C	FAIR A	FAIR B	FAIR C	UNSATISFACTORY A	UNSATISFACTORY B	UNSATISFACTORY C
9	-	-	7	1	1	6	1	2	4	-	5	2	1	6
8	1	-	7	-	2	6	-	3	3	2	4	2	-	7
8	-	1	6	3	-	5	3	1	3	1	5	1	3	5
7	2	-	6	2	1	5	2	2	3	-	6	1	2	6
			5	4	-	5	1	3	2	4	3	1	1	7
						5	-	4	2	3	4	1	-	8
						4	5	-	2	2	5	-	5	4
						4	4	1	1	6	2	-	4	5
						4	3	2	1	5	3	-	3	6
						4	2	3	1	4	4	-	2	7
						4	1	4	-	8	1	-	1	8
						3	6	-	-	7	2	-	-	9
						3	5	1	-	6	3			
						3	4	2						
						3	3	3						
						2	7	-						
						2	6	1						
						2	5	2						
						1	8	-						
						1	7	1						
						-	9	-						

INSPECTION, APPEALS, AND SIGNIFICANCE OF EFFICIENCY RATINGS

(Applies to Regular and Special Efficiency Ratings Only)

If you have questions on your efficiency rating, it is suggested that you discuss them with your supervisor or the Personnel Officer. You may see the final adjective ratings (not the detailed rating forms) of all ungraded employees at your duty station, as recorded in the Personnel Office.

A written appeal for a hearing may be made directly to your local Efficiency Rating Committee within 15 days of receipt of your notification of rating. If you are still dissatisfied, within 30 days after you receive a decision regarding your appeal from that Committee you may submit a written appeal to the Board of Review. Should you prefer, you may appeal directly to the Board of Review within 30 days after you receive official notification of rating. An appeal letter should specify the elements on the rating report which are contested, and should contain all pertinent information.

In order to receive a periodic salary advancement to the middle Wage Rate Step an efficiency rating of "Good" or better is necessary and to the top Wage Rate Step a rating of "Very Good" or "Excellent" is necessary. An efficiency rating of "Fair" requires a one-step salary reduction if you are receiving more than the entrance or minimum rate for your job. An efficiency rating of "Unsatisfactory" requires that the employee be dismissed or reassigned to other work in which he could be expected to render satisfactory service. Efficiency ratings are also a factor in determining the order in which employees are affected by reduction in force.

53404

LEVEL OF WORK PERFORMANCE A	B	C	RATING ELEMENTS
☐	☒	☐	**1. HOW GOOD HAVE YOU BEEN AT LEARNING NEW JOBS?** A. YOU GET THINGS RIGHT THE FIRST TIME AND FOLLOW DIRECTIONS EXACTLY. B. YOU CATCH ON AND USUALLY GET THINGS RIGHT WITHOUT TOO MUCH EXPLANATION. C. IT'S NECESSARY TO REPEAT INSTRUCTIONS TOO OFTEN.
☒	☐	☐	**2. HAVE YOU SHOWN THAT WE CAN COUNT ON YOU WHEN THERE'S A JOB TO BE DONE?** A. WHEN THERE'S A JOB TO BE DONE, WE CAN ALWAYS BE SURE THAT YOU'LL GET IT DONE. B. WE FIND IT'S USUALLY SAFE TO ASSIGN A JOB TO YOU AND KNOW IT WILL BE DONE. C. WHEN WE GIVE YOU A JOB WE CAN'T BE SURE THAT IT WILL BE DONE, OR DUE TO YOUR ABSENTEEISM WORK ASSIGNMENTS ARE DISRUPTED.
☐	☒	☐	**3. DOES THE AMOUNT OF WORK YOU TURN OUT MEASURE UP TO STANDARD?** A. YOU STAND OUT AS A TOP PRODUCER FOR YOUR KIND OF WORK. B. THE AMOUNT OF WORK YOU GET DONE MEETS THE STANDARD FOR YOUR JOB. C. YOUR OUTPUT DOESN'T MEET THE STANDARD OFTEN ENOUGH.
☒	☐	☐	**4. WHAT IS THE QUALITY OF WORK YOU HAVE BEEN TURNING OUT?** A. YOU DO A THOROUGH JOB WHICH ALWAYS PASSES INSPECTION. B. THE QUALITY OF YOUR WORK IS USUALLY UP TO STANDARD. C. YOUR WORK FREQUENTLY DOES NOT PASS INSPECTION.
☒	☐	☐	**5. HOW DO YOU AFFECT THE MORALE OF YOUR UNIT?** A. YOU SHOW BY POSITIVE ACTIONS THAT YOU PLACE THE INTERESTS OF THE UNIT ABOVE YOUR OWN AND ENCOURAGE THE SAME ATTITUDE IN OTHERS. B. YOU ARE A GOOD TEAMWORKER AND COOPERATE IN GETTING THE JOB DONE. C. YOUR ATTITUDE AND ACTIONS HINDER THE WORK OF YOUR UNIT.
☒	☐	☐	**6. DO YOU KEEP YOUR HEAD WHEN THERE'S PRESSURE?** A. YOU ARE VERY LEVEL-HEADED AND EASILY TAKE PRESSURE IN YOUR STRIDE. B. YOU SHOW GOOD CONTROL AND DON'T GET UPSET VERY OFTEN BY PRESSURE. C. PRESSURE SEEMS TO UPSET YOU UNDULY.
☒	☐	☐	**7. HAVE YOU BEEN PUTTING IN A FULL DAY'S WORK?** A. YOU ARE UNUSUALLY DILIGENT AND EFFECTIVE IN THE USE OF YOUR WORKING TIME. B. YOU USUALLY APPLY YOURSELF ON THE JOB ASSIGNED TO YOU. C. YOU TEND TO WASTE TIME BY LOAFING, STALLING, OR TAKING UP THE TIME OF OTHERS.
☐	☒	☐	**8. WHAT IS YOUR RECORD (OR YOUR WORKERS' RECORD[1]) FOR OBEYING SAFETY REGULATIONS AND OTHER RULES?** A. YOU HAVE AN EXCELLENT RECORD FOR FOLLOWING REGULATIONS STRICTLY. B. YOU ARE USUALLY CAREFUL ABOUT STICKING TO WORKING REGULATIONS. C. YOU SEEM TO BE INDIFFERENT OR THOUGHTLESS ABOUT OBEYING REGULATIONS, AND ENDANGERING OTHERS.
☐	☒	☐	**9. WHAT IS YOUR RECORD (OR YOUR WORKERS' RECORD[1]) FOR CARE AND MAINTENANCE OF EQUIPMENT?** A. THE EXCELLENT CONDITION OF YOUR TOOLS AND EQUIPMENT SHOWS THAT YOU TAKE PROPER CARE OF THEM. B. INSPECTIONS OF YOUR TOOLS AND EQUIPMENT SHOW THAT THEY ARE USUALLY KEPT IN GOOD SHAPE. C. YOU NEGLECT GIVING YOUR TOOLS AND EQUIPMENT PROPER CARE AND KEEPING THEM IN GOOD WORKING ORDER.
☐	☐	☐	**10. HAVE YOU BEEN MEETING WORK SCHEDULES ON TIME?** A. YOU'RE KEEPING RIGHT ON TOP OF YOUR JOB AND ALWAYS COMPLETING YOUR WORK ON SCHEDULE. B. YOU USUALLY MEET SCHEDULES WITHOUT BEING RUSHED TO MEET DEAD LINES. C. YOU CAN'T SEEM TO MEET REASONABLE SCHEDULES OR THROUGH ABSENTEEISM UPSET WORK SCHEDULES.
☐	☐	☐	**11. ARE YOU A SELF-STARTER WHEN THERE'S A JOB TO BE DONE?** A. YOU ALWAYS SEE WHAT HAS TO BE DONE AND ASSUME RESPONSIBILITY WITHOUT WAITING TO BE TOLD. B. YOU USUALLY SHOW INITIATIVE AND GET THINGS MOVING WITHOUT WAITING TO BE TOLD. C. YOU TEND TO AVOID RESPONSIBILITY AND WAIT TO BE TOLD EVERYTHING.
☐	☐	☐	**12. HOW DO YOU REACT TO DECISIONS OF MANAGEMENT WHICH REQUIRE CHANGES IN PROCEDURES OR SCHEDULES?** A. YOU TAKE CHANGES IN YOUR STRIDE AND QUICKLY FIT YOUR OPERATIONS TO MEET NEW SCHEDULES OR PROCEDURES. B. YOU ACCEPT CHANGES WITHOUT TOO MUCH DIFFICULTY AND ADJUST YOURSELF REASONABLY WELL. C. YOU APPEAR TO RESIST CHANGES OR HAVE TROUBLE IN ADJUSTING YOURSELF TO REQUIRED CHANGES.
☐	☐	☐	**13. HOW SUCCESSFUL HAVE YOU BEEN IN SOLVING NEW PROBLEMS OF A TECHNICAL OR PROCEDURAL NATURE?** A. YOU'VE BEEN SHOWING EXCELLENT JUDGMENT IN SOLVING DIFFICULT PROBLEMS AND IN DEVISING NEW WAYS OF GETTING THE JOB DONE SOONER AND BETTER. B. YOU'VE HANDLED ROUTINE PROBLEMS SUCCESSFULLY AND HAVE FOUND THE RIGHT SOLUTION TO SOME OF THE MORE DIFFICULT PROBLEMS. C. YOU'VE BEEN GIVING UP TOO EASILY OR YOU HAVE BEEN GETTING TOO INVOLVED IN SOLVING YOUR PROBLEMS.
☐	☐	☐	**14. HOW GOOD A JOB HAVE YOU DONE IN PLANNING AND FOLLOWING UP THE WORK OF YOUR UNIT?** A. YOUR METHODS OF SCHEDULING WORK LOADS, AND OF CARRYING THEM OUT, HAVE BEEN HIGHLY SUCCESSFUL. B. YOU'VE USUALLY DONE A GOOD JOB IN ORGANIZING THE WORK OF YOUR UNIT AND FOLLOWING UP ON ITS ACCOMPLISHMENT. C. YOU JUST CAN'T GET THINGS AS WELL ORGANIZED AS THEY SHOULD BE OR ELSE YOU DON'T FOLLOW UP TO GET THE JOB DONE PROPERLY.
☐	☐	☐	**15. HOW EFFECTIVE A JOB HAVE YOU DONE IN UTILIZING YOUR PERSONNEL?** A. THE HIGH MORALE AND EFFICIENCY OF YOUR OUTFIT SHOW YOU'VE BEEN DOING AN EXCELLENT JOB OF EVALUATING AND DEVELOPING THE ABILITIES OF YOUR WORKERS AND ASSIGNING THEM TO APPROPRIATE DUTIES. B. YOU'VE DONE A GOOD JOB OF EVALUATING AND DEVELOPING THE ABILITIES OF MOST OF YOUR WORKERS AND ASSIGNING THEM TO APPROPRIATE DUTIES. C. YOUR DIFFICULTY IN GETTING WORKERS TO COOPERATE WITH YOU INDICATES THAT YOU NEED TO GIVE MORE ATTENTION TO EFFECTIVE UTILIZATION OF YOUR WORKERS.

TOTAL OF LEVELS OF WORK PERFORMANCE A	B	C	REMARKS
5	4	0	

[1] To be used in questions 8 and 9 when r[illegible] Group-III employees

63404

Service

FORM MC-4742 (REV. 10/48)

U. S. MARITIME COMMISSION

UNGRADED EMPLOYEE EFFICIENCY RATING REPORT

TYPE OF RATING
☐ ADMINISTRATIVE, UNOFFICIAL
☒ REGULAR ☐ SPECIAL

LAST NAME - FIRST NAME - MIDDLE INITIAL Broxson, William T.	PERIOD COVERED BY THIS RATING 5-1-49 - 10-31-49
JOB TITLE Fleet Workman	DATE OF INTERVIEW WITH EMPLOYEE *(To be entered by rating official)* 10-31-49
ORGANIZATION - *(Indicate bureau, division, section, unit, field station)* Bureau of Marine Operations Division of the Reserve Fleet Beaumont Reserve Fleet Beaumont, Texas	DATE OF OFFICIAL NOTIFICATION TO EMPLOYEE NOV 29 1949
	APPROVAL BY EFFICIENCY RATING COMMITTEE WALTER J. LAROQUE Acting Chairman, Efficiency Rating Committee SIGNATURE OR STAMP — DATE: NOV 21 1949

YOUR RATING GROUP AND ELEMENTS TO BE RATED IN THIS GROUP

☒ I. SEMISKILLED OR UNSKILLED *(1 - 9 inclusive)* ☐ II. SKILLED *(3 - 11 inclusive)*

☐ III. FOREMAN - SUPERVISOR *(7 - 15 inclusive)*

See "Remarks" for explanation if rating elements other than those specified for your group are used.

OUR BEST JUDGMENT IS THAT YOU OBTAIN THE FOLLOWING LEVELS OF WORK PERFORMANCE: *(These totals summarize the detailed ratings on the reverse of this form)*

A. TOTAL	B. TOTAL	C. TOTAL
5	4	0

ADJECTIVE EFFICIENCY RATING (TO BE ENTERED BY RATING OFFICIAL) *(See below for meaning of rating)*: Very Good

RATER *(Sign both copies)*	REVIEWER *(Sign both copies)*
Louis P. Genereux Jr. Jr. — SIGNATURE	W. R. Durham — SIGNATURE
10-31-49 — DATE	10-31-49 — DATE

WHAT YOUR RATING MEANS

The adjective rating entered on this form is based on the total of your score on all rating elements used for evaluating your work *(see your levels of work performance as indicated above)*. The general meaning of the five adjective ratings is as follows:

EXCELLENT (E) - means that your performance in practically all phases of your work is outstanding.

VERY GOOD (VG) - means that in a majority of all phases of your work your performance is outstanding.

GOOD (G) - means that you are meeting all work requirements in a fully satisfactory manner.

FAIR (F) - means that your performance does not quite measure up to requirements from an overall point of view.

UNSATISFACTORY (U) - means that your performance in a majority of all phases of your work does not meet job requirements.

TABLE FOR CONVERTING ELEMENT SCORES TO ADJECTIVE EFFICIENCY RATINGS

EXCELLENT			VERY GOOD			GOOD			FAIR			UNSATISFACTORY		
A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
9	-	-	7	1	1	6	1	2	4	-	5	2	1	6
8	1	-	7	-	2	6	-	3	3	2	4	2	-	7
8	-	1	6	3	-	5	3	1	3	1	5	1	3	5
7	2	-	6	2	1	5	2	2	3	-	6	1	2	6
			5	4	-	5	1	3	2	4	3	1	1	7
						5	-	4	2	3	4	1	-	8
						4	5	-	2	2	5	-	5	4
						4	4	1	1	6	2	-	4	5
						4	3	2	1	5	3	-	3	6
						4	2	3	1	4	4	-	2	7
						4	1	4	-	8	1	-	1	8
						3	6	-	-	7	2	-	-	9
						3	5	1	-	6	3			
						3	4	2						
						3	3	3						
						2	7	-						
						2	6	1						
						2	5	2						
						1	8	-						
						1	7	1						
						-	9	-						

INSPECTION, APPEALS, AND SIGNIFICANCE OF EFFICIENCY RATINGS

(Applies to Regular and Special Efficiency Ratings Only)

If you have questions on your efficiency rating, it is suggested that you discuss them with your supervisor or the Personnel Officer. You may see the final adjective ratings (not the detailed rating forms) of all ungraded employees at your duty station, as recorded in the Personnel Office.

A written appeal for a hearing may be made directly to your local Efficiency Rating Committee within 15 days of receipt of your notification of rating. If you are still dissatisfied, within 30 days after you receive a decision regarding your appeal from that Committee you may submit a written appeal to the Board of Review. Should you prefer, you may appeal directly to the Board of Review within 30 days after you receive official notification of rating. An appeal letter should specify the elements on the rating report which are contested, and should contain all pertinent information.

In order to receive a periodic salary advancement to the middle Wage Rate Step an efficiency rating of "Good" or better is necessary and to the top Wage Rate Step a rating of "Very Good" or "Excellent" is necessary. An efficiency rating of "Fair" requires a one-step salary reduction if you are receiving more than the entrance or minimum rate for your job. An efficiency rating of "Unsatisfactory" requires that the employee be dismissed or reassigned to other work in which he could be expected to render satisfactory service. Efficiency ratings are also a factor in determining the order in which employees are affected by reduction in force.

53404

LEVEL OF WORK PERFORMANCE A	B	C	RATING ELEMENTS
☐	☒	☐	**1. HOW GOOD HAVE YOU BEEN AT LEARNING NEW JOBS?** A. YOU GET THINGS RIGHT THE FIRST TIME AND FOLLOW DIRECTIONS EXACTLY. B. YOU CATCH ON AND USUALLY GET THINGS RIGHT WITHOUT TOO MUCH EXPLANATION. C. IT'S NECESSARY TO REPEAT INSTRUCTIONS TOO OFTEN.
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TOTAL OF LEVELS OF WORK PERFORMANCE A: 5	B: 4	C: 0	REMARKS

[1] To be used in questions 8 and 9 when [redacted] group III employees

63404

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D.C.

692

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION No.	4. DATE
Mr. William T. Broxson	4-5-89	do	8-26-49

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Periodic Pay Increase	9-19-49	USMC Wage Rate Step Plan Approved 7-1-48

FROM		TO
Fleet Workman	8. POSITION TITLE	
Ungraded Step 1 $1.06 ph	9. SERVICE, GRADE, SALARY	Ungraded Step 2 $1.12 ph
Bureau of Marine Operations Division of the Reserve Fleet Beaumont Reserve Fleet	10. ORGANIZATIONAL DESIGNATIONS	
Beaumont, Texas	11. HEADQUARTERS	
Transfer to Department of Commerce, May 24, 1950, Reorganization Plan No. 21 of 1950		
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. REMARKS

EOD 3-7-49 at $1.06 ph.
Efficiency Rating 4-30-49 Good.
Not more than 10 days' LWOP in period 3-7-49 through 9-6-49.

C. E. Lovejoy
Signature

Service and conduct satisfactory.

Manuel Gonzalez
Signature

Clyde L. Miller, Chief
Division of Personnel
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE								16. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.
	X	DISAB.	WIFE	WIDOW		X					

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M		FROM: TO: MC-RF(Bur/Mar.Opr.)0498.244	Yes		Texas

☆ U. S. GOVERNMENT PRINTING OFFICE. 1948 783384

4. PERSONNEL FOLDER COPY

UNITED STATES CIVIL SERVICE COMMISSION
Fourteenth U. S. Civil Service Region
210 South Harwood Street
Dallas 1, Texas

TRANSMITTAL LETTER FOR CLOSED CASES

File: INV:TLM:OL
Date: 7-7-49

Personnel Director
Bureau of Management
U. S. Maritime Commission
Gulf Coast Branch
P. O. Box 674
New Orleans, Louisiana

Attached are applications and/or related papers which you forwarded to this office for Record Check and Inquiry under Executive Order 9835. Each application has been marked to show the action taken by this office.

Those which were completely processed by this office with no derogatory information regarding loyalty having been received are marked "Processed under E. O. 9835, Part I, Section 3." Those which were not completely processed because of the individual's separation from the service have been marked "Record Check and Inquiry Discontinued."

We are also returning herewith, attached to the appropriate application, any pre-appointment investigation which you submitted to this office.

In accordance with the instructions given in Chapter I-2 of the Federal Personnel Manual, these applications should be filed in the employee's Official Personnel Folder.

PAUL H. FIGG,
Regional Director
By:

A. T. Briley

A. T. BRILEY,
Chief, Regional Investigations Division

Attachments:
15 Applications

CSC FORM 58
March 1948

14 49 20573

M 57—NOV. 1947
VICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

ONS: In order to prevent delay in consideration of your appli- r every question on this form clearly and completely. Type- : in INK. In applying for a specific United States Civil Service read the examination announcement carefully and follow all If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office *any other forms required* by the announcement. Notify the office with which you file this application of any change in your address.

Section 3 APPLICATION (Initials)

ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
FLEET WORKMAN

2. OPTION(S) (*if mentioned in examination announcement*)

3. PLACE OF EMPLOYMENT APPLIED FOR (*City and State*)
BEAUMONT TEX

4. DATE OF THIS APPLICATION
FEB. 4, 1949

5. MR. MRS. MISS (*First name*) (*Middle*) (*Maiden, if any*) (*Last*)
WILLIAM THOMAS BROXSON

6. (A) STREET AND NUMBER OR R. D. NUMBER
1075 VERMONT AVE

(B) CITY OR POST OFFICE (*including postal zone*) AND STATE
BEAUMONT TEX

7. LEGAL OR VOTING RESIDENCE (*State*)
BEAUMONT

8. (A) OFFICE PHONE
"

(B) HOME PHONE

9. DATE OF BIRTH (*month, day, year*)
APRIL 3 1889

10. ☒ MARRIED ☐ SINGLE

11. PLACE OF BIRTH (*city and State; if born outside U. S., name city and country*)
MILTON FLA

12. ☒ MALE ☐ FEMALE

13. (A) HEIGHT WITHOUT SHOES: 5 FEET 5½ INCHES (B) WEIGHT: 145 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
LIGHT ATTDENT LIGHTHOUSE SERVICE

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPOR. ☐ NON-APPOR.

MATERIAL ☐ SUBMITTED ☐ RETURNED

ENTERED REGISTER:

NOTATIONS:

APP. REVIEW:

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 400 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☐ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:
BEAUMONT TEX

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATES OF EMPLOYMENT (*month, year*) FROM: NOV 1948 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: PAINT CONTRACTOR

CLASSIFICATION GRADE (*if in Federal Service*)

SALARY OR EARNINGS: STARTING, $ 10 per week PER
PRESENT, $ PER

PLACE OF EMPLOYMENT (*City and State*)
BEAUMONT TEX

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (*firm, organization, or person; if Federal, name department, bureau or establishment, and division*)

KIND OF BUSINESS OR ORGANIZATION (*e. g., wholesale silk, insurance agency, manufacture of locks, etc.*)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT
PAINTING IS UNRELIABLE

DESCRIPTION OF YOUR WORK
PAINTING OUTSIDE OF BUILDINGS ETC.

16. CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM: 4/26/45 TO: 9/6/45 | EXACT TITLE OF YOUR POSITION: DECKHAND | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ 0 PER FINAL $ 220- PER MO

PLACE OF EMPLOYMENT (city and State): PORT ARTHUR TEX

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): SABINE TOWING CO

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): SABINE TRANSPORTATION CO

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: DECK HAND ALLSO SHIPPED FOR THIS CO ON THE BARGE PUR OTH. FROM 12/6/1947 TO 12/19/47 UNDER MY FULL NAME

③ DATES OF EMPLOYMENT (month, year) FROM: 12/14/45 TO: 1/28/46 | EXACT TITLE OF YOUR POSITION: DECK HAND | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State): PORT ARTHUR TEX

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): TEXAS CO

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): THE TEXAS CO MARINE DIV

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: SHIPPED ON THE TUG BOAT MACARED AS DECKHAND

WILLAM. T. BROXSON.

④ DATES OF EMPLOYMENT (month, year) FROM: 5/15/47 TO: 11/5/47 | EXACT TITLE OF YOUR POSITION: DECKHAND | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State): BEAUMONT TEX

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): RED RIVER BARGE LINE

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): DIESEL TUG

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: SHYPPEE AS DECKHAMD WORKED IN ENGINE ROOM

WILLIAM. T. BROXSON

16—53940-1

FROM: 1920 TO: 11/3/14	EXACT TITLE OF YOUR POSITION: LIGHTATTENDENT-LIGHTKEEPER	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING $ 01 PER FINAL $120 PER MO
PLACE OF EMPLOYMENT (city and State): NEW ORLEANS LA	NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name dep. rtment, bureau or establishment, and division): U.S. LIGHT HOUSE SERVICE	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2	REASON FOR LEAVING: RESIGNED		

DESCRIPTION OF YOUR WORK: CUSTOM HOUSE BLDG ROOM. 10 ENTERED THE LIGHT HOUSE SERVICE AS 3.RD. ASST KEEPER on SHIP SHOAL LIGHT HOUSE TRANSFERED TO GALVESTON JETTY LIGHT AS 1ST ASST KEEPER TRANSFERED TO BRAZOS RIVER LIGHT HOUSE AS ASST KEEPER ALSO SERVED AS KEEPER ON MOBILE POINT LIGHT HOUSE 10 YEARS AS KEEPER SABINE PASS LIGHT HOUSE 2. YEARS OR ABOUT REFER TO SERVICE RECORD CUSTOM BLDG. NEW ORLEANS LA ROOM 10 ~~NEW~~ THOMAS BROXSON

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
8/6/17	7/19/19	OVER SEA	106 ENGINEERS

18. EDUCATION. (*Circle highest grade completed*): 1 2 3 4 5 6 7 (8) 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☐ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: HIAWATHA FLA

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (*show name and location of school*) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERST'NG EXC.	UNDERST'NG GOOD	UNDERST'NG FAIR

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (*e. g., military service, business, education, recreation*)

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ____ SHORTHAND ____

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (*such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.*)?

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR):

LATEST LICENSE OR CERTIFICATE (YEAR):

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:
(A) YOUR MORE IMPORTANT PUBLICATIONS (*do not submit copies unless requested*)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED.

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 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. H.J.GRAY.	235 SAN ANTONIO AVE PORT ARTHUR	TEX
2. MOSES SCHWARTZ.	FOOT WALL STAET PHONE H-6622 BEAUMONT	TEX
3. H.E HAWKS.	CHANDLER HOTELL K C S ST. BEAUMONT	TEX

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	✓	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	✓	
27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		✓
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?		✓
29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED 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 OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		✓
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 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 therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		✓
31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*		✓
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*		✓
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*		✓
34. DO YOU RECEIVE 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? *If your answer is "Yes," give complete details in Item 39.*		✓

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		✓
36. 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? *If your answer is "Yes," show 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.*		✓

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	✓	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	✓	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	✓	

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
AUG AUG. 6. 1917	JULY. 15. 1919
BRANCH OF SERVICE (*Army, Navy, Marine Corps, Coast Guard, etc.*)	SERIAL NO. (*if none, give grade or rating at time of separation*).
ARMY	135-9169

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		✓
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		✓
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 3-4-19 47

Agency: C. E. Savage

Title: Adm. Asst

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (*indicate item numbers to which answers apply*).

ITEM NO		ITEM NO.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT William Thomas Brayson

(Sign your name in INK (one given name or initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe")

U. S. GOVERNMENT PRINTING OFFICE 16—53946-1

FORM NC-4742 (2/48)

U. S. MARITIME COMMISSION

UNGRADED EMPLOYEE EFFICIENCY RATING REPORT

TYPE OF RATING
☐ ADMINISTRATIVE, UNOFFICIAL
☒ REGULAR ☐ SPECIAL

LAST NAME – FIRST NAME – MIDDLE INITIAL Broxson, William T.	PERIOD COVERED BY THIS RATING 3-7-49 to 4-30-49
JOB TITLE Fleet Workman	DATE OF INTERVIEW WITH EMPLOYEE *(To be entered by rating official)* 4-20-49
ORGANIZATION – *(Indicate bureau, division, section, unit, field station)* U. S. Maritime Commission Division of the Reserve Fleet Beaumont Reserve Fleet Beaumont, Texas	DATE OF OFFICIAL NOTIFICATION TO EMPLOYEE JUN 1 1949
	APPROVAL BY EFFICIENCY RATING COMMITTEE L. H. RHUDY, Chairman, Efficiency Rating Committee — SIGNATURE OR STAMP MAY 27 1949 — DATE

YOUR RATING GROUP AND ELEMENTS TO BE RATED IN THIS GROUP

☒ I. SEMISKILLED OR UNSKILLED *(1 - 9 inclusive)* ☐ II. SKILLED *(3 - 11 inclusive)*

☐ III. FOREMAN – SUPERVISOR *(7 - 15 inclusive)*

See "Remarks" for explanation if rating elements other than those specified for your group are used.

OUR BEST JUDGMENT IS THAT YOU OBTAIN THE FOLLOWING LEVELS OF WORK PERFORMANCE: *(These totals summarize the detailed ratings on the reverse of this form)*

A. TOTAL	B. TOTAL	C. TOTAL
0	9	0

OFFICIAL EFFICIENCY RATING (TO BE ENTERED BY RATING OFFICIAL) *(See below for meaning of rating)*: Good

RATER *(Sign both copies)*		REVIEWER *(Sign both copies)*	
Louis P. Cruceros Foreman	4-19-49	W E Burrill	4-20-49
SIGNATURE	DATE	SIGNATURE	DATE

WHAT YOUR RATING MEANS

The adjective rating entered on this form is based on the total of your score on all rating elements used for evaluating your work *(see your levels of work performance as indicated above)*. The general meaning of the five adjective ratings is as follows:

EXCELLENT (E) – means that your performance in practically all phases of your work is outstanding.

VERY GOOD (VG) – means that in a majority of all phases of your work your performance is outstanding.

GOOD (G) – means that you are meeting all work requirements in a fully satisfactory mannor.

FAIR (F) – means that your performance does not quite measure up to requirements from an overall point of view.

UNSATISFACTORY (U) – means that your performance in a majority of all phases of your work does not meet job requirements.

OK
WL

TABLE FOR CONVERTING ELEMENT SCORES TO ADJECTIVE EFFICIENCY RATINGS

EXCELLENT A	B	C	VERY GOOD A	B	C	GOOD A	B	C	FAIR A	B	C	UNSATISFACTORY A	B	C
9	-	-	7	1	1	6	1	2	4	-	5	2	1	6
8	1	-	7	-	2	6	-	3	3	2	4	2	-	7
8	-	1	6	3	-	5	3	1	3	1	5	1	3	5
7	2	-	6	2	1	5	2	2	3	-	6	1	2	6
			5	4	-	5	1	3	2	4	3	1	1	7
						5	-	4	2	3	4	1	-	8
						4	5	-	2	2	5	-	5	4
						4	4	1	1	6	2	-	4	5
						4	3	2	1	5	3	-	3	6
						4	2	3	1	4	4	-	2	7
						4	1	4	-	8	1	-	1	8
						3	6	-	-	7	2	-	-	9
						3	5	1	-	6	3			
						3	4	2						
						3	3	3						
						2	7	-						
						2	6	1						
						2	5	2						
						1	8	-						
						1	7	1						
						-	9	-						

INSPECTION AND APPEAL

(Applies to regular and special Efficiency Ratings only)

If you have any question regarding your efficiency rating, it is suggested that you discuss the matter with your immediate supervisor or a representative of the personnel office. You are entitled to see the final adjective ratings *(not the detailed rating forms)* of all ungraded employees at your duty station, as recorded in the personnel office.

A written appeal for a hearing may be made directly to your local Efficiency Rating Committee within 15 days of receipt of your official notification of rating. The appeal letter should specify the elements on the rating report which are contested, and should contain all pertinent information.

58811

STANDARD FORM 85
Promulgated
August 4, 1947, by
Civil Service Commission
(Chapter I 2, F. P. M.)

REQUEST FOR REPORT OF LOYALTY DATA ON APPLICANTS AND APPOINTEES

THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES WHERE RECORD CHECKS AND INQUIRIES ARE CONDUCTED BY CIVIL SERVICE COMMISSION
(PART 1—EXECUTIVE ORDER 9835)

CASE SERIAL NO.
(CSC use only)
3-10-49

TO:
The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any loyalty information contained in your files. (The fingerprints of this person are attached.)

1. FULL NAME (initials and abridgments of full name are not acceptable).	(Surname)	(Given name)	(Middle or other names)
	Bronson	William	Thomas

2. ALIASES AND NICKNAMES: None

3. DATE OF THIS REQUEST: 3-10-49

4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, seaman's certificate of identification, alien registration number, Social Security number, etc. Specify which):
Social Security 457-20-5997

5. PLACE OF BIRTH	6. DATE OF BIRTH	7. TITLE OF POSITION
Milton, Florida	April 3, 1889	Fleet Workman

8. SEX: [X] MALE [ ] FEMALE

9. MARITAL STATUS: [ ] SINGLE [X] MARRIED

10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH
Vergie Inez Cook Bronson
September 28, 1907; Baker, Florida

11. DATE OF APPOINTMENT: 3-7-49

12. TYPE OF APPOINTMENT: [ ] EXCEPTED [ ] TEMPORARY 2-14-76 2-14-49
[X] COMPETITIVE (Cite Civil Service or other legal authority)

13. ORGANIZATIONS WITH WHICH AFFILIATED OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS
None

14. DATES AND PLACES OF RESIDENCE FOR THE LAST 10 YEARS

From	To	Street	City	State
9-48	present	1075 Vermont	Beaumont,	Texas
7-45	8-48	958 Jefferson	Beaumont,	Texas
1943	7-45	1025 11th Street	Port Arthur,	Texas
9-39	1943	1040 Dallas	Port Arthur,	Texas
1939	1939	Ft. Morgan Lighthouse	Gasque,	Alabama

15. DATES, NAMES AND ADDRESSES OF EMPLOYERS FOR THE LAST 10 YEARS

Date	Employer	Address
11-47 2-49	Paint Contractor	Beaumont, Texas
4-45 to 9-45	Sabine Towing Company	Port Arthur, Texas
12-45 to 1-46	Texas Company	Port Arthur, Texas
5-47 to 11-47	Red River Barge Line	Fort Beaumont, Texas
1-20 to 11-47	U. S. Light House Service	New Orleans, Louisiana

16. THIS AGENCY HAS LOYALTY INFORMATION REPORT(S) FURNISHED BY THE AGENCIES INDICATED BELOW:

AGENCY WHICH MADE THE LOYALTY REPORT	DATE OF REPORT	REMARKS

17. THIS SPACE RESERVED FOR RETURN REPORT TO AGENCY WHERE NO DEROGATORY INFORMATION IS DEVELOPED

18. NAME AND ADDRESS OF REQUESTING AGENCY
U. S. Maritime Commission
Beaumont Reserve Fleet
P. O. Box 111
Beaumont, Texas

SEE REVERSE FOR REPORT ON CASES WHERE DEROGATORY INFORMATION WAS DEVELOPED

c9—16—55562-1

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION No.	4. DATE
MR. WILLIAM T. BROXSON	4-3-1889	B-778	3-24-49

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
CORRECTION JOURNAL PROABTIONAL APPOINTMENT	3-7-49	Cert. LB-14-76 2-16-49

FROM		TO
	8. POSITION TITLE	Fleet Workman
	9. SERVICE, GRADE, SALARY	Ungraded $1.06 Per Hour
	10. ORGANIZATIONAL DESIGNATIONS	Bureau of Marine Operations Division of the Reserve Fleet
	11. HEADQUARTERS	Beaumont Reserve Fleet Beaumont, Texas
[ ] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. REMARKS

Subject to investigation.

Correction to add the following statement:

Subject to probational period of one year. Probational period will be completed 3-7-50 at which time the appointment bedomes permanent.

Clyde L. Miller, Chief
Division of Personnal

14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE								16. POSITION CLASSIFICATION ACTION				
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.	Elwood C. Gore Resigned 3-1-49
	X	DISAB.	WIFE	WIDOW		X			X			

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M		FROM: TO: MC-RF/Bur. Res. Flt. 0.812	Yes	3-24-49	Texas

4. PERSONNEL FOLDER COPY

☆ U. S. GOVERNMENT PRINTING OFFICE. 1948 783384

STANDARD FORM 50 (5 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

UNITED STATES MARITIME COMMISSION
WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. WILLIAM T. BROXSON	4-3-1889	D-778	3-7-49

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Probational Appointment	3-7-49	Cert. 25-14-76 2-18-49

FROM		TO
	8. POSITION TITLE	Fleet Workman
	9. SERVICE, GRADE, SALARY	Ungraded $1.06 Per Hour
	10. ORGANIZATIONAL DESIGNATIONS	Bureau of Marine Operations Division of the Reserve Fleet
	11. HEADQUARTERS	Beaumont Reserve Fleet Beaumont, Texas
[ ] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. REMARKS

Subject to investigation.

Clyde L. Miller, Chief
Division of Personnel

14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE								16. POSITION CLASSIFICATION ACTION				
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.	
	X	DISAB.	WIFE	WIDOW		X			X			Elwood C. Gore, Resigned 3-1-49

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES OR NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM: MC-MF/Bur. Res. Flt. 0.812 TO:	Yes	3-4-49	Texas

☆ U. S. GOVERNMENT PRINTING OFFICE. 1948 783384

4. PERSONNEL FOLDER COPY

William Thomas Broxson is correct Name

STANDARD FORM 57—NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office *any other forms required* by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO. 2113

ANNOUNCEMENT 14-384

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR: Fleet Workman

2. OPTION(S) (*if mentioned in examination announcement*):

3. PLACE OF EMPLOYMENT APPLIED FOR (*City and State*): Beaumont, Tex

4. DATE OF THIS APPLICATION: Feb. 4-49

5. MR. / MRS. / MISS (*First name*) (*Middle*) (*Maiden, if any*) (*Last*): Thomas. William Broxson

6. (A) STREET AND NUMBER OR R. D. NUMBER: 1075 Vermont Ave

(B) CITY OR POST OFFICE (*including postal zone*) AND STATE: Beaumont Texas

7. LEGAL OR VOTING RESIDENCE (*State*): Beaumont Tex

8. (A) OFFICE PHONE: —

(B) HOME PHONE: —

9. DATE OF BIRTH (*month, day, year*): April 3, 1889

10. ☒ MARRIED ☐ SINGLE

11. PLACE OF BIRTH (*city and State; if born outside U. S., name city and country*): Milton Fla

12. ☒ MALE ☐ FEMALE

13. (A) HEIGHT WITHOUT SHOES: 5 FEET 5½ INCHES

(B) WEIGHT: 145 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE: Light Attendence. Lighthouse Service

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPOR. ☐ NON-APPOR. | MATERIAL ☐ SUBMITTED ☐ RETURNED | ENTERED REGISTER: FEB 15 19[illegible]

NOTATIONS: | APP. REVIEW: | APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
	1.06	70	☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE	WJ 2/11/49			

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 40.00 WEEK PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☐ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS: Beaumont Texas.

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(*a*) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(*b*) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATES OF EMPLOYMENT (*month, year*) FROM: Nov. 1947 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Painter. Contractor.

CLASSIFICATION GRADE (*if in Federal Service*):

SALARY OR EARNINGS: STARTING, $ PER; PRESENT, $ PER

PLACE OF EMPLOYMENT (*city and State*): Beaumont Texas.

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (*firm, organization, or person; if Federal, name department, bureau or establishment, and division*):

KIND OF BUSINESS OR ORGANIZATION (*e. g., wholesale silk, insurance agency, manufacture of locks, etc.*)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Painting is unreliable

DESCRIPTION OF YOUR WORK: Painting Outside of Buildings, Ect.

(CONTINUED ON NEXT PAGE)

16. CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM: 4/26/45 TO: 9/6/45 | EXACT TITLE OF YOUR POSITION: DeckHand. | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $220.00 PER mo

PLACE OF EMPLOYMENT (city and State): PORT ARTHUR Texas.

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): SABINE TOWING Co

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): SABINE Transportation Co.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: DeckHand. ALSO SHIPPED FOR THIS Co ON THE Barge PUROL. FROM 12/6/47 to 12/19/47. under My Full NAME WILLIAM T. BROXSON.

③ DATES OF EMPLOYMENT (month, year) FROM: 12/14/45 TO: 1/28/46 | EXACT TITLE OF YOUR POSITION: DECKHand | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State): PORT ARTHUR Texas

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Texas Co

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): THE Texas Co. MARINE Div.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: SHIPPED ON THE TUG Boat. MACAREO. AS. DECKHAND. WILLIAM T. BROXSON

④ DATES OF EMPLOYMENT (month, year) FROM: 5/5/47 TO: 11/5/47 | EXACT TITLE OF YOUR POSITION: DeckHAND | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State): BEAUMONT Texas.

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): RED RIVER BARGE LINE

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): DIESEL TUG.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK: SHIPPED AS. DECKHAND WORKED IN ENGINE ROOM. WILLIAM T. BROXSON

16—63946-1

UNITED STATES CIVIL SERVICE COMMISSION

Rating Sheet—Mechanical Trades and Skilled Occupations

HANDBOOK X-106

NAME OF APPLICANT	PREFERENCE	APPLICATION NO.
Brayton, Thomas	☐ 5-PT. ☐ 10-PT. ☐ NONE	

POSITION TITLE	ANNOUNCEMENT NO.	POSITION TITLE
Structuralman	14-38-4	
GRADE OR SALARY	COMMENTS	GRADE OR SALARY
$1.04		

QUALIFYING EXPERIENCE

DATES OF EMPLOYMENT FROM—	DATES OF EMPLOYMENT TO—	YEARS	MOS.
4-24-43	9-6-43		4
12-4-43	1-25-46		1
5-15-47	11-2-47		5
11/47	2/49	1	2
TOTAL		3	~~0~~

QUALIFYING EXPERIENCE

DATES OF EMPLOYMENT FROM—	DATES OF EMPLOYMENT TO—	YEARS	MOS.
TOTAL			

EXPERIENCE TO QUALIFY (YEARS)		1/2	MINIMUM ELIGIBLE RATING	70	EXPERIENCE TO QUALIFY (YEARS)		MINIMUM ELIGIBLE RATING	
ADDITIONAL EXPERIENCE	CLAIMED	4 yrs	____ YEARS AT 3 PTS. ____ YEARS AT 2 PTS. ____ YEARS AT 1 PT.	7.5	ADDITIONAL EXPERIENCE CLAIMED		____ YEARS AT 3 PTS. ____ YEARS AT 2 PTS. ____ YEARS AT 1 PT.	
	CORROB-ORATED				CORROB-ORATED			
SUPERVISORY EXPERIENCE ☐	COLLATERAL EXPERIENCE ☐				SUPERVISORY EXPERIENCE ☐	COLLATERAL EXPERIENCE ☐		
ADDITIONAL CREDIT FOR EXCEPTIONALLY GOOD QUESTIONNAIRES					ADDITIONAL CREDIT FOR EXCEPTIONALLY GOOD QUESTIONNAIRES			
DEDUCTION FOR STALE EXPERIENCE					DEDUCTION FOR STALE EXPERIENCE			
DEDUCTIONS FOR POOR QUALIFICATIONS QUESTIONNAIRES					DEDUCTIONS FOR POOR QUALIFICATIONS QUESTIONNAIRES			
EARNED RATING				77.5	EARNED RATING			

EXAMINER	DATE	EXAMINER	DATE
W.J	2-11-49		
REVIEWER	DATE	REVIEWER	DATE

FORM 4921
JUNE 1946

DATES OF EMPLOYMENT (month, year) FROM: 11/20 TO: 11/3/4 | EXACT TITLE OF YOUR POSITION: LIGHT ATTENDENCE | CLASSIFICATION GRADE (If in Federal service): LIGHTHOUSE KEEPER | SALARY OR EARNINGS: STARTING $ 90 PER MO FINAL $ 120 PER MO

PLACE OF EMPLOYMENT (city and State): NEW ORLEANS La.

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): U.S. LIGHT HOUSE SERVICE CUSTOM HOUSE BLDG ROOM-10

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.):

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2

REASON FOR LEAVING: RESIGNED-

DESCRIPTION OF YOUR WORK: ENTERED THE ~~ENT~~ LIGHT HOUSE SERVICE AS 3RD ASST KEEPER ON SHIP SHOAL LIGHT HOUSE TRANSFERED TO GALVESTON JETTY LIGHT AS 1ST ASST KEEPE TRANSFERE to BRAZOS RIVER LIGHT HOUSE AS ASST KEEPER ALSO SERVED as ASST KEEPER ON CAPE SAN BLAS LIGHT HOUSE Fla SERVED AS KEEPER ON MOBILE POINT LIGHT HOUSE. 10 years AS KEEPER SABINE PASS LIGHT HOUSE 2 years OR ABOUT. REFER to SERVICE RECORD CUSTOM BLDG NEW ORLEANS La ROOM 10. THOMAS BROUSON

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
8/6/17	7/19/19	OVERSEA	106 ENGINEERS.

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 (8) 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☒ JUNIOR HIGH SCHOOL ☐ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: HIAWATHA, FLORIDA

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERST'NG EXC.	UNDERST'NG GOOD	UNDERST'NG FAIR

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR):

LATEST LICENSE OR CERTIFICATE (YEAR):

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:
(A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED.

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ____, SHORTHAND ____

16—53848-1

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 16 (EXPERIENCE).

	FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	H J Gray	235 San Antonio Ave Port Arthur Texas	EMP. U.S.M.C.
2.	MOSES. SCHWARTZ	PHONE 4-6622. 700t WALL STREET Beaumont Tex	SUPOR. Red River Barge Line
3.	HE HAWKS.	CHANDLERS HOTEL KCS. St Beaumont Tex.	FILLING STA GPR.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	✓	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	✓	
27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		✓
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?		✓
29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED 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 OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		✓
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 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 therein.		✓
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		✓
31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*		✓
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*		✓
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*		✓
34. DO YOU RECEIVE 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? *If your answer is "Yes," give complete details in Item 39.*		✓

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		✓
36. 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? *If your answer is "Yes," show 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.*		✓

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a **PEACETIME VETERAN** who has been awarded a campaign badge or service ribbon, or as a **DISABLED VETERAN**, or as the **WIFE OF A DISABLED VETERAN**, or as the **WIDOW OF A WAR OR CAMPAIGN VETERAN**, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a **WAR-TIME VETERAN** not claiming disability preference, you should **NOT** submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	✓	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	✓	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	✓	

(D)

DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
Aug 6, 1917	July 15, 1919
BRANCH OF SERVICE (*Army, Navy, Marine Corps, Coast Guard, etc.*) Army	SERIAL NO. (*if none, give grade or rating at time of separation*). 1359169

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		✓
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		✓
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 3-4-, 1949

Agency: C. E. Yarnell

Title: Adm. Asst

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (*indicate item numbers to which answers apply*).

ITEM NO		ITEM NO.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT Thomas H. Broxson

(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe")

STANDARD FORM 78
FEBRUARY 1947

UNITED STATES CIVIL SERVICE COMMISSION

FORM APPROVED.
BUDGET BUREAU NO. 50-R073.

CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)
(Typewrite, or Print in Ink)

1. MR. / MRS. / MISS	(FIRST NAME)	(MIDDLE INITIAL)	(LAST)	2. DATE OF BIRTH	3. SEX
MRS. ~~MISS~~	William Thomas	T. W.	Brokson Broxon	April 3, 1889	☒ MALE ☐ FEMALE

4. ADDRESS	5. TITLE OF EXAMINATION TAKEN
1075 Vermont Ave., Beaumont, Texas	Fleet Workman

6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED	7. LOCATION
U. S. Maritime Commission	Beaumont, Texas

8. (A) HAVE YOU ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? ☐ YES ☒ NO. IF YOUR ANSWER IS "YES," GIVE DETAILS:

(B) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE? ☐ YES ☒ NO

(C) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION? ☐ YES ☒ NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification.

SIGNATURE OF APPLICANT

W. Thomas Brokson

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Physical Qualification Placement Record must be answered. Before beginning the examination refer to item 8 on the Physical Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Physical Qualification Placement Record.

1. HEIGHT: 5 FEET 5½ INCHES. WEIGHT 147 POUNDS.

2. EYES:

(A) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20/20 LEFT 20/30 WITH GLASSES, IF WORN: RIGHT 20/20 LEFT None worn

(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 18, 1923 (Executive Order, September 4, 1924).

	WITHOUT GLASSES:	WITH GLASSES, IF USED:
	R. 24 IN. TO 36 IN.	R. ____ IN. TO ____ IN. None worn
	L. 24 IN. TO 36 IN.	L. ____ IN. TO ____ IN.

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT None LEFT None

(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ISHIHARA OR OTHER COLOR PLACE TEST IS USED? ☒ YES ☐ NO

IF NOT, CAN APPLICANT PASS LANTERN, YARN, OR OTHER COMPARABLE TEST? ☐ YES ☒ NO

3. EARS: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD.) ORDINARY CONVERSATION: RIGHT EAR 20/20 FT. LEFT EAR 20/20 FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR None LEFT EAR None

4. NOSE	5. PARA NASAL SINUSES	6. MOUTH AND THROAT
Normal	Normal	Normal

7. GASTRO-INTESTINAL	(A) HISTORY OF PEPTIC ULCER: ☐ YES ☐ NO. IF "YES" IS ULCER:
Normal	☐ ACTIVE ☐ QUIESCENT ☐ HEALED HOW LONG? No DATE OF LAST X-RAY ____

8. METABOLIC DISORDERS: (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX, AND EXPLAIN UNDER "REMARKS.")

☐ THYROID Normal ☐ PANCREAS Normal ☐ PITUITARY Normal ☐ OVARIAN

16—81463-1

9. HEART AND BLOOD VESSELS: Normal

(A) BLOOD PRESSURE: MM. HG. SYSTOLIC 120 DIASTOLIC 60

(B) IS ORGANIC HEART DISEASE PRESENT? ☐ YES ☐ NO No

(C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? ☐ YES ☐ NO

(D) PULSE RATE: SITTING _____ IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) _____

TWO MINUTES AFTER EXERCISE _____ CARDIAC RESERVE _____ (GOOD, FAIR, OR POOR)

10. LUNGS: RIGHT Normal LEFT Normal

(IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.") HISTORY OF TUBERCULOSIS? ☐ YES ☐ NO IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED: No

IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? ☐ YES ☐ NO IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? ☐ YES ☐ NO No

11. HERNIA: IF PRESENT, NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC.: none

IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? ☐ YES ☐ NO

12. VARICOSE VEINS: IF PRESENT, STATE LOCATION AND DEGREE: none

13. FEET: IS FLAT FOOT PRESENT? ☑ YES ☐ NO IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION _____ (NONE, SLIGHT, MODERATE, SEVERE)

14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE: none

15. SCARS OF SERIOUS INJURY OR DISEASE: none

16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY.):

(B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? ☐ YES ☐ NO No

(C) WHERE (NAME AND LOCATION OF HOSPITAL):

(D) DATE OR DATES OF HOSPITALIZATION: none

(E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:

(F) ANY HISTORY OF EPILEPSY OR FAINTING SPELLS? ☐ YES ☐ NO IF SO, GIVE DETAILS UNDER "REMARKS" BELOW. No

17. EVIDENCE OR HISTORY OF VENEREAL DISEASE: IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE DETAILS UNDER "REMARKS."

18. URINALYSIS: SP. GR. 1.015 ALBUMEN Neg SUGAR Neg

CASTS Neg BLOOD Neg PUS Neg

I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS:

REMARKS: There is mild tremor of Both hands on extension - otherwise applicant is normal. Veteran needs glasses for near work. Veterans Clinic

PLACE OF PHYSICAL EXAMINATION (CITY AND STATE): Beaumont Texas

SIGNATURE OF EXAMINING PHYSICIAN: R F Bonny M. D.

DATE OF PHYSICAL EXAMINATION: 2-25-49

ADDRESS: VA Administration

16—51403-1

PHYSICAL QUALIFICATION PLACEMENT RECORD

INSTRUCTIONS TO APPOINTING OFFICER: Circle the number of the factors in "8" below which are essential to the performance of the duties of the position for which the applicant is being considered. Nos. 35, 36, 57, and 58 may be used for factors not listed by filling in the blank space with the special factors required. After this sheet is completed by the examining physician it is to be detached and maintained by the personnel office for future reference.

1. MR. (FIRST NAME) (MIDDLE INITIAL) (LAST)	2. DATE OF BIRTH	3. SEX
MRS. ~~MISS~~ Thomas W. Broxon	April 3, 1889	☐ MALE ☒ FEMALE

4. ADDRESS	5. TITLE OF POSITION
1075 Vermont Ave., Beaumont, Texas	Fleet Workman

6. DEPARTMENT OR BUREAU	7. LOCATION
U. S. Maritime Commission	Beaumont, Texas

TO BE COMPLETED BY EXAMINING PHYSICIAN

INSTRUCTIONS: The items encircled below indicate the special physical requirements and environmental factors of the position for which the applicant is being considered. You should indicate your findings by noting each of the encircled items in one of the following three ways: If applicant is fully able to perform physical duties of the type indicated and to work in the environment indicated, place a check mark (✓) in the square; if applicant has limitations or partial capacity for the physical requirements or environment indicated, place a minus mark (—) in the square; if applicant should not perform physical exertion of the type indicated or work in the environment indicated, place a cross mark (X) in the square. If the applicant has any impairments or limitations relating to factors not encircled, indicate by appropriate symbol. If you find it necessary to qualify your findings on any factor, or if you wish to make a more complete statement, use the space under "Remarks" below.

8. FUNCTIONAL FACTORS

1.	✓	HEAVY LIFTING	16.	✓	REPEATED BENDING	31.		OPERATION OF CRANE, TRUCK, TUG, TRACTOR, MOTOR VEHICLE	X 34.		SPEED IN WORKING
2.		LIFTING 50-75 LB.	17.		DEXTROUS USE OF FINGERS	32.		OPERATION OF FEEDING MACHINERY	35.		
3.		LIFTING 25-50 LB.	18.	✓	USE OF LADDERS	33.		USE OF FIREARMS	36.		
4.		PROLONGED WALKING	19.	✓	USE OF STEPS						
5.	✓	MODERATE WALKING	20.	✓	OVERHEAD WORK						
6.		PROLONGED STANDING	21.		GOOD FAR VISION, UNCORRECTED						
7.	✓	MODERATE STANDING	22.	✓	GOOD FAR VISION, CORRECTED OR UNCORRECTED						
8.		EXTENSIVE CRAWLING	23.		GOOD NEAR VISION, UNCORRECTED						
9.	✓	MODERATE CRAWLING	24.	✓	GOOD NEAR VISION, CORRECTED OR UNCORRECTED						
10.		EXTENSIVE KNEELING	25.	✓	DEPTH PERCEPTION						
11.	✓	MODERATE KNEELING	26.	✓	ABILITY TO DISTINGUISH BASIC COLORS						
12.	✓	PULLING HAND OVER HAND	27.		ABILITY TO DISTINGUISH SHADES OF COLOR						
13.	✓	STRAIGHT PULLING	28.		GOOD HEARING WITHOUT HEARING AID						
14.		PROLONGED PUSHING	29.	✓	GOOD HEARING WITH OR WITHOUT USE OF AID						
15.	✓	MODERATE PUSHING	30.		CLEAR SPEECH						

ENVIRONMENTAL FACTORS

37.	✓	OUTSIDE	48.	✓	SLIPPERY WALKING SURFACES
38.	✓	INSIDE	49.	✓	HAZARDOUS MACHINERY
39.		EXCESSIVE HEAT	50.	✓	MOVING OBJECTS OR VEHICLES
40.		EXCESSIVE COLD	51.	✓	WORKING ABOVE GROUND (LADDERS, SCAFFOLDS)
41.		EXCESSIVE HUMIDITY	52.	✓	EYE HAZARDS
42.		DRY ATMOSPHERIC CONDITIONS	53.		UNUSUAL FATIGUE FACTORS
43.		EXCESSIVE NOISE	54.		ELECTRICAL HAZARDS
44.	✓	DUSTS	55.		EXPLOSIVES
45.		SILICA	56.		RADIANT ENERGY
46.	✓	FUMES OR GASES	57.		
47.	✓	SOLVENTS OR GREASES	58.		

REMARKS: There is mild tremor to Both hands in extension otherwise applicant is normal. Veteran needs glasses for near vision and close work.

DATE	SIGNATURE OF EXAMINING PHYSICIAN
2-28-49	R Boone, M. D.
FEDERAL CONNECTION OF EXAMINING PHYSICIAN	**ADDRESS OF EXAMINING PHYSICIAN**
V A Examiner	Beaumont Texas

☒ FULL TIME ☐ PART TIME ☐ FEE PAID

16—51463-1

STANDARD FORM 61 (REVISED APRIL 1, 1948)
PROMULGATED BY CIVIL SERVICE COMMISSION
CHAPTER A6 FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

IMPORTANT.—*Before swearing to these appointment affidavits, you should read and understand the attached information for appointee*

U. S. Maritime Commission (Department or agency) Division of the Reserve Fleet (Bureau or division) Beaumont, Texas (Place of employment)

I, William Thomas Broxson, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 57, dated February 4, 19 49, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

William T. Broxson
(Signature of appointee)

Subscribed and sworn before me this 4th day of March, A. D. 19 49,

at Beaumont (City) Texas (State)

[SEAL]

J. L. C. Allen
(Signature of officer)

J. L. C. Allen
Fleet Superintendent
U. S. Maritime Commission
(Title)

NOTE.—*If the oath is taken before a Notary Public the date of expiration of his commission should be shown.*

June 26, 1943 Section 206

16—55160-1

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. *Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below.* Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (*street and number, city and State*)
1075 Vermont, Beaumont, Texas

2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (*city or town and State or country*)
April 3, 1889	Milton, Florida

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
Mrs. Vergie Broxson	Wife	1075 Vermond, Beaumont, Texas	

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (*Give street number, if any*)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (*Check one*)	SINGLE (*Check one*)
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes", give details in Item 10.*		X
7. DO YOU RECEIVE ANY 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? *If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.*		X
8. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.*		X
9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED, OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDNANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		X

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members-of-family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

U. S. GOVERNMENT PRINTING OFFICE 16—55160-1

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

N

Department or Establishment Treas.-Coast Guard-Lighthouse Service (Port Arthur-Sabine Neches Canal Lights, etc.- Light Attendant) **Date** April 10th 1940

1. Name in full (Mr., ~~Miss or Mrs.~~) Broxson (Surname) Thomas (Given name) (Middle name)
2. Present address 1040 (Number) Dallas ave. (Street) Port Arthur (City) Texas (State)
3. Legal (voting) residence Texas (State and Congressional District) 2nd Jefferson (County) Port Arthur (City or town)
4. Where born Florida (State or foreign country) Santarosa (City or town) Milton When born April 3rd 1889 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male ✓	Female	Single	Married ✓	Divorced	Widowed	White ✓	Colored	

7. Number and ages of dependents domiciled with you 5 Children ages 13-11-5-3-2 - Wife 32 years -
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED Month	Day	Year	DATE SEPARATED Month	Day	Year
U.S. Light House Service 8th Dist	Ship Shoal L.S.	3rd asst Kpr	780 Pa.	Jan	1	1922	Mar	15	1923
	Galveston Jetty Light Sta.	1st asst Kpr.	840 Pa.	Mar	16	1923	July	31	1923
	Brazos River L.S. Tex	asst Kpr.	660 Pa.	Aug	1	1923	Mar.	21	1925
	Cape San Blas L.S. Fla.	Ast Kpr.	1080	Mar	22	1925	July	21	1926
	Sabine Pass L.S. Sta	2nd asst Kpr.	1260	July	22	1926	Jan	31	1929
	Mobile Point L.S. Ala.	Keeper	1380	Feb.	1	1929	June	3	1939
	Sabine Neches	Light attendant	1440	June	4	1939	Still Employed		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
none	Position Department or office none	none.
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

(Title) no. (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) no. (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army ✓	Navy	Marine Corps	Coast Guard	War veteran ✓	Pensioner	Veterans' Bureau beneficiary

Enlisted Aug 6th 1917	Discharged July 17th 1919	Enlisted	Discharged
Rank P.V.T.	Rank Pvt.	Rank	Rank
Organization 106 Eng.	Organization 106 Eng.	Organization	Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) No.

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
None	None	None.

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs Vergie Broxson

Relationship Wife Post office address Port Arthur Texas

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Thomas Broxson

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form has not been furnished the Sup.

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

I, Thomas Broxson

do solemnly [1] swear (See below) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter: So HELP ME GOD.

(Signed) Thomas Broxson,
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 29th day of December, A. D. 19 21.

(Affix official seal here)

[4] (*Name*) (Signed) E. Protin

(*Official title*) Chief Clerk,

My commission expires 8th U.S.Lighthouse Dist.

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Keeper in the Light-house Service	$780 p. a.	Ship Shoal Light Station, La.
Former [5] Probationary appointment.		

(The above should be filled in by the district officer before sending to appointee)

Office of Superintendent of Lighthouses, 8th District

New Orleans, La., (Address) January 9th, 1922. (Date)

The above-named appointee entered upon duty on January 1st, 1922. (Date)

E. S. LANPHIER
(Signature, followed by title)
Superintendent of Lighthouses.

[1] Insert here "swear" or "affirm," as the case may be.

[2] Insert here "sworn to" or "affirmed," as the case may be.

[3] The oath may be taken any time on or after the effective date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, a chief clerk in the office of a superintendent of lighthouses or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk, except in the case of chief clerks in the offices of superintendent of lighthouses and other employees in the Lighthouse Service designated by them, who are not required to have a seal.

[5] Give this information in all cases where new oath is required.

Failure to fill out this oath properly will result in its return for correction.

11—944

Booked

CERTIFICATE OF PROBATIONARY APPOINTMENT

SUPERINTENDENT OF LIGHTHOUSES
DEC 17 1921
NEW ORLEANS.

1921 DEC 14 PM 4 20

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

December 14, 1921.

Mr. Thomas Broxson,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office and to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, Keeper in the Lighthouse Service at a salary of Seven Hundred and Eighty dollars per annum, effective on the date on which you enter upon duty in the above-mentioned position.

By selection from certificate of eligibles (No. _____) issued by the Secretary, Tenth Civil Service District.

By direction of the Secretary:

Respectfully,

[illegible] HASTINGS

Chief of Appointment Division.

P
C

Appropriation: Salaries, Keepers of Lighthouses.

Vice: Godfred C. Kiffe.

Legal Residence: Florida.

8th

(See reverse side.)

11—6080

Ship Shoal L. S.

DEPT. STOCK FORM 2249
EV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 30 November 1942

Name: Newman, Thomas

From: U. S. Coast Guard

Bureau No.:

Effective: Resignation, voluntary, with prejudice
Close of business, 1942.

	FROM	TO
Position	Light Attendant	
Grade		
Salary	$1440 per annum (including $300 p.a. Rent Allowance)	
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New Orleans, La.	
Post of Duty	Calcasieu-Neches Canal Lts., Texas	
Appropriation	Civilian Employees, U. S.	
Allotment		

FIELD ☐ DEPRTMTL ☐ FIELD ☐ DEPRTMTL. ☐

Remarks:

Due to the fact that you in effect abandoned your position in that you accepted outside employment and did not maintain the aids under your care satisfactorily, the Navy Department upon recommendation of the Commandant of the Coast Guard has accepted your resignation in the manner above indicated.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 4-3-1889

LEGAL RESIDENCE: Texas

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 4-20-1918

DATE OF OATH

ORIGINAL FORWARDED 2-15-43
CARDED

CHARLES PIOZET

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY
11-30-42

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

COMMISSIONER OF LIGHTHOUSES
JAN - 9 1931
NEW ORLEANS, LA.

December 31, 1930

Mr. Thomas Broxson

Through the Commissioner of Lighthouses.

You are advised that your compensation has been changed as indicated below, effective January 1, 1931.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1380

To: $1440

Service and grade: Range $1380-1740

Appropriation (unit): Salaries, Keepers of Lighthouses.

8th District.

WHC

ORIGINAL SENT 1/9/31

Received 1/28/31

GOVERNMENT PRINTING OFFICE 11—9051

Form A-38

SUPERINTENDENT OF LIGHTHOUSES
FEB 7 1929
NEW ORLEANS

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 29, 1929.

Mr. Thomas Broxson,

Commissioner of Lighthouses.

Through the

Sir:

LIGHTHOUSES
1929 FEB 4 AM 10 59

You are advised that your compensation has been changed as indicated below, effective February 1, 1929, or as soon thereafter as you enter on duty. (Change of Station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1560 per annum.

To: $1380 per annum.

Service and grade: Field.

Appropriation (unit):

C
8

1

GOVERNMENT PRINTING OFFICE 11—9051

Recorded 3/1/29

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 1, 1928.

Mr. Thomas Broxson,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1440

To: $1560

11—9564

8

Original
sent 8/4/28

Carded
8/27/28

Form A-21

JUL 28 192
NEW ORLEANS.

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 20, 1926.

LIGHTHOUSES
1926 JUL 24 PM 12 10

Mr. Thomas Broxson,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1260 per annum to $ 1440 per annum, effective August 15, 1926, or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

[illegible] CLIFFORD [illegible]
Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

P.
8.

Branded
B

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

July 1, 1926.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPERINTENDENT OF LIGHTHOUSES
JUL 12 1926
NEW ORLEANS.
LIGHTHOUSES
1926 JUL 9 PM 12 24

Mr. Thomas Bronson,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1140 per annum to $ 1260 per annum, effective July 20, 1926, or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS

Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

P.
8

Form A-21

DEPARTMENT OF LIGHTHOUSES
JUL 13 1925
NEW ORLEANS.

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

June 25, 1925.

Mr. Thomas Broxson,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1080 per annum to $1140 per annum, effective July 1, 1925.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

11—8074

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DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHTHOUSES 1925 FEB 6 PM 3 25

January 31, 1925.

DEPARTMENT OF COMMERCE FEB 9 1925 NEW ORLEANS

Mr. Thomas Broxson,

Through the Commissioner of Lighthouses,

Sir:

In connection with the readjustment of pay of positions in the Lighthouse Service the total compensation of the position occupied by you has been fixed as indicated below, effective February 1, 1925.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER.

Acting Chief of Appointment Division.

Position: Keeper

Salary: $1080

Appropriations: Salaries, Keepers of Lighthouses.
General Expenses, Lighthouse Service.

8th
JSJ

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

LIGHTHOUSES

1923 JUL 9 AM 8 29

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 7, 1923.

Mr. Thomas Bronson,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 840 per annum to $ 660 per annum, effective July 16, 1923, or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS

Chief of Appointment Division.

B
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11—8074

8th

Brazos River L.S.

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

SUPERINTENDENT
APR 14 1922
NEW ORLEANS

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

1922 APR 12 PM 3 00

April 12, 1922.

Mr. Thomas Brozson,
Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $780 per annum to $840 per annum, effective April 16, 1922, or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

Chief of Appointment Division.

P
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Should L.S.

124 b—Field.
., 1920

UNITED STATES CIVIL SERVICE COMMISSION

(Branch of service or department.)

(Name of city.) (State.)

DECLARATION OF APPOINTEE.

This form must be executed by the appointee before he enters on duty. ATTENTION IS DIRECTED TO THE PROVISIONS OF LAW AS QUOTED ON ATTACHED FORM. False personation in an examination is a criminal offense, and will be prosecuted accordingly. Appointee will retain attached form.

1. State where you were born and date Pine Wood Fla. April 3, 1889.
2. What examination did you take? Asst Light House Keeper
3. Give place and date of examination New Orleans La. Sept 6, 1921.
4. To what position have you been offered appointment or actually appointed? 3, Asst Keepers.
5. Are any members of your family or relatives (either blood or by marriage) in the U. S. Government Service? Answer "yes" or "no" no If so, fill in the following blanks. If additional space is necessary use back of this sheet.

Name.	Post-office address. (Give street No., if any.)	Position and department or office in which employed.	Relationship.	Married or single.
		Position Department or office		
		Position Department or office		
		Position Department or office		

6. Have any of the above-named persons entered the Government service since the execution of your application for examination? ..... If so, give the name of each such person

7. What is your present address (including street and number, city, and State)? Zamora Fla.

8. How long have you resided at your present address?

I hereby certify that the answers to the foregoing questions are true in every particular.

Thomas Brosson
(Signature.)

The officer before whom the above certificate is made is requested to sign the following:

If the answer to question 5 includes two or more names, and is not IDENTICAL in every respect with answer to similar question in the application, this form must be submitted for approval before appointment is made.

The above certificate was executed before me, in his own handwriting, by the identical person who has reported for assignment to duty.

Was photograph of appointee furnished you? ..... If so, is it a correct likeness of the person who executed this form? .....

This is to be signed by an officer of the department or bureau to which the appointee belongs, not by a notary public, and does not need to be sworn to.

(Signature.)

(Official title.)

6—2099

(This paper should be returned to the District Secretary when completed.)

17. Are you the widow or orphan of an honorably discharged soldier or sailor? (Answer "yes" or "no.") No. If so, state in blank spaces below the information called for by the headings.

Name under which soldier or sailor rendered service.	Relationship to you.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.

18. What was your occupation prior to entering the United States service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 13, 14, 15, and 16.)

Boating Engineering, Farmman.

19. What education have you received? (State the grades of schools you have attended, and, if you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1910; Columbia University, LL. B., 1913.)

7th grade, common school.

20. What special qualifications have you—educational, professional, technical, mechanical, etc.? (Examples: Qualified as "Lawyer," or "Civil engineer," or "Translator," or "Interpreter," or "Stenographer," or "Draftsman," or "Carpenter.")

Carpenter.

21. What, if any, civil-service examinations have you passed? (Give names and dates as near as you recollect.)

Asst.Lighthouse Keeper Exam. 9/9/21.

22. Were the answers to the foregoing questions written by you? (Answer "yes" or "no.") Yes If not, state the name and address of the person who wrote them for you.

Date, Dec. 12th, 19 21.

Witness (in case signature is by mark):

(Signature) (Signed) Thomas Broxson

(Present address)
(Number and street.)
Garniers (City or town.) Florida. (State or Territory.)

WJB.

INDORSEMENT.

(If appointee is to be employed in the field, this form should be reviewed and approved by the proper field officer and need not be signed by an official of the Bureau. If appointee is to serve in the District of Columbia, the form should be reviewed and approved by the proper Bureau officer. When forwarding this form, no letter of transmittal is required.)

Reviewed, approved, and forwarded December 15th, 19 21.

(Signature) E. S. K

(Official title) Superintendent of Lighthouses.

11—6922

Booked

DEPARTMENT OF COMMERCE

PERSONAL QUESTION SHEET

This form shall be furnished for each person appointed in the service of the Department immediately upon entrance on duty.

The information called for in Part I shall be filled in by the Bureau or Office to which the employee is assigned, after which the form shall be transmitted to the employee for answers to the questions in Part II. The completed form shall be indorsed by the proper Bureau officer and forwarded to the Department for file.

PART I.

1. Name of employee: Thomas Broxson.
2. Position to which appointed: Keeper in the Lighthouse Service.
3. Bureau or Service: Lighthouse, District: 8th
4. Place of duty: Ship Shoal Light Station, La. (City, town, station, or vessel.)
5. Salary: $780 per annum.
6. Appropriation from which paid: Salaries of Keepers of Lighthouses.
7. Manner of appointment. (Examples: "From stenographer and typewriter examination, ———, 19—;" "Without examination;" or "By reinstatement;" or "By transfer from ———," stating Department, Bureau or Service, position, and salary, if known).

From Asst.Lighthouse Keeper Examination - 9/9/21.

PART II.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE EMPLOYEE:

The statement should be signed by the employee, or, if unable to write, he may sign by mark in the presence of one witness.

1. What is your full name? (State whether Mr., Miss, or Mrs., and spell out names in full, including middle name or names. Example: "Mr. John Richard Roe." If name itself is merely a letter, so state.)

Thomas Broxson

2. How do you intend to write your name on the pay roll? (This should agree with signature to your oath of office.)

Thomas Broxson

3. What is your present legal residence? (Give State or Territory, county, city or town, and Congressional district.)

Florida	Okaloosa	Garniers	3rd
(State or Territory.)	(County.)	(City or town.)	(Congressional district.)

4. If the legal residence given in answer to question 3 is not the same as that stated in the certificate of appointment, the difference should be explained.

Same

5. What is your race? (Answer "white," "colored," or "Mongolian.") White.

6. Where were you born? Pinewood, Florida/

7. When were you born? April 3rd, 1889. (Month.) 3rd (Day.) 1889. (Year.)

8. If foreign born, state when and where naturalization papers were taken out

9. What is your marital condition? (Answer "single," "married," "widowed," or "divorced.") Single.

10. Give name and address of person whom you would like to have notified in case of accident.

Joe Broxson (Name.) (Number and street.)

Garniers, (City or town.) Florida. (State or Territory.)

11. Are there any members of your family, besides yourself, in the civil service of the United States? (Answer "yes" or "no.") No If so, state in blank spaces below the information called for by the headings.

Name.	Post-office address.	Position and department or office in which employed.	Relationship.	Married or single.
		Position / Department or office		
		Position / Department or office		
		Position / Department or office		

12. Have you any physical disabilities? (Answer "yes" or "no.") No If so, describe fully. (If you have defective eyesight, state whether corrected by glasses.) No defected eye sight.

13. Do you hold any State or municipal office? (Answer "yes" or "no.") No If so, state name of such office and compensation attached.

14. Were you in the military or naval service of the United States during any war? (Answer "yes" or "no.") Yes If so, state in blank spaces below the information called for by the headings.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
Co.F. 106 Engrs.	Aug.6,1917.	July 15,1919	War ended.

15. If you served in the military or naval service of the United States other than during war time, indicate such service in the spaces below.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.

16. Have you ever held any other position in the civil service of the United States? (Answer "yes" or "no.") No If so, state in blank spaces below the information called for by the headings.

Department.	Bureau or Service.	Position.	Salary.	Appointed.	Separated.

11—6922