'26 OCT 2 AM 9:13:59

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

Date: 10/05/2026

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
Knapp, William		

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:

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)		
Lighthouse Service (CT/NJ/NY) 3rd District	From: 1925	To: 1927
(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-00828981 2

Attendant Signature:

CMRS Search Request Number(s): 3

Remarks: '26 OCT 21 AM 9:46

SCREENING NOTES

☐ Reviewed and Nothing Removed JH

☐ 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:

FWO-JHG

March 10,1936

Miss Mabel F. Ashton,
Case Supervisor,
Home Relief Bureau,
39 Grand Street,
Newburgh, N. Y.

Madam:-

SUBJECT: William Knapp.
REFERENCE: Your letter March 7,1936.

1. In reply to your letter of March 7,1936 you are advised that William Knapp was employed as Lamplighter of the Jeffreys Hook Light, New York, from November 20,1923 to April 30,1932, when he resigned. This office has no information in regard to Mr. Knapp receiving a Government pension.

Respectfully,

J. T. YATES
Superintendent

OFFICE OF THE

COMMISSIONER OF PUBLIC WELFARE

CITY & TOWN OF NEWBURGH, N. Y.

V.6 attch and
Card attach
BS 3/9/36
66
125
Pen and stone
as Mr. Ashton
knows
2554

SUPERINTENDENT of LIGHTHOUSES
MAR 9 10
1936
RECEIVED

~~TOWN HOME~~
HOME RELIEF BUREAU
49 Grand Street
NEWBURGH, N. Y.

March 7, 1936.

Lighthouse Division,
Tompkinsville, Staten Island.

RE: William Knapp
Sarvis Lane
Town of Newburgh

Gentlemen:

The above has made an application to us for Home Relief. We have a report to the effect that he is in receipt of a government pension of some sort and wondered if this information can be verified through you.

Claims he was first employed as a light-house keeper and later as a lamplighter at the George Washington Lighthouse at Jeffries Hook on the Hudson River near Haverstraw. This period of employment lasted for around 13 years, he claims, ending in 1931.

We will appreciate your cooperation in this matter.

Very truly yours,

Mabel F. Ashton

(Miss) Mabel F. Ashton,
Case Supervisor.

RTM:DS

Formerly at: Manh. Id. Yacht Club
I72nd. St. North River

April 9, 1932



Mr. Yates
Tompkinsville
Staten Id.

Dear Mr. Yates,

The Manhattan Island Yacht Club where I have made my home for many years burned down Dec 28 and I am forced to resign my position as Lamp Lighter of the Jeffrey's Hook Light. My resignation to take effect May I, I932.

My address after May Ist will be: Newburgh N.Y. RD #I.

I wish to take this opportunity of recommending for the position Mr. Wm. Byrne of I80th St. and Hudson River. He is familiar with the details of the work and is reliable.

Very truly yours,

William K Knapp

vc 4/11/32
Per

FWO-JHG

William K. Knapp, Lamplighter,
Jeffreys Hook Light,
172md St. & North River,
New York, N. Y.

April 22,1932

SUBJECT: Resignation.
REFERENCE: Your letter dated April 9th, received at this office April 20,1932.

1. Your letter dated April 9th,1932, received at this office April 20,1932, resigning your position as Lamplighter of Jeffreys Hook Light, has been received, and same is hereby accepted, effective at the close of April 30,1932.

2. Three copies of Form 30a are enclosed. Fill out same to show all the Government property under your charge at Jeffreys Hook. Hold these forms until you are later notified as to whom you are to turn the station over to.

J. T. YATES
Superintendent

By: W. J. Lawton,
Chief Clerk

vc 5/13/32
Mess

Paid 5/11/32
Voucher No. 6305
Check No.
$75.00

FWO:ECL

April 30, 1932.

William K. Knapp, Lamplighter,
Jeffreys Hook Light,
172nd St. & North River,
New York, N.Y.

SUBJECT: Resignation.

Reference: Your letter April 9 and letter from this office April 22, 1932.

1. You are advised that John B. Gundelsheimer, of the Port Washington Yacht Club, has been selected to succeed you as Lamplighter of Jeffreys Hook Light, and has to-day been directed to relieve you and take charge of the station and all Government property under your charge, from May 1st, 1932, giving you receipt for the station on Form 30-A in triplicate, one copy of which should be forwarded to this office.

2. Advise this office promptly by letter, of the date on which you turn the station over to Mr. Gundelsheimer.

J. T. YATES,
Superintendent,

By: W. J. Lawton,
Chief Clerk.

Form 205

CONTRACT OF EMPLOYMENT IN REGISTERED POSITION

SUPERINTENDENT OF LIGHTHOUSES
AUG 12 1931
RECEIVED
WASHINGTON, D.C.

FWO-JHG

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Staten Island, N. Y., Aug. 8, 1931, 19
(Place and date)

Employment has been given to William K. Knapp,

as Lamplighter of Jeffreys Hook Lt., N.Y., in connection with work

in the 3rd Lighthouse District, at the rate of $ 900.00 per annum

beginning August 10, 1931, 19, under the civil service regulations for the

Lighthouse Service. This contract supersedes all previous contracts of employment or certificates of

appointment.

By change in designation
from Light Attendant.

Not affected by either
Retirement Law - Mark "O"

Asst. Supt.

J. F. Hayes
Superintendent of Lighthouses.

I accept the above conditions and agree to abide by the rules and regulations of the Lighthouse Service.

William K. Knapp

VC 8/19/31
Mess

INSTRUCTIONS.—To be prepared in duplicate, one copy to be handed to employee and the other kept on file in the District Office. Whenever the pay of a registered employee is changed, a new contract of employment should be prepared.

U. S. GOVERNMENT PRINTING OFFICE: 1929 11—4360

Supt W
cc

1590

SUPERINTENDENT OF LIGHTHOUSES
OCT 22 1927
DISTRICT

October 20, 1927

Mr. J. T. Yates
Superintendent Light Houses
Tompkinsville, New York

Dear Sir:

As keeper of the Jeffery Hook Light for the past five years, on several ocassions canoeists have had their canoes overturned by swells caused by passing steamers, and I being in the vicinity have been able to give a helping hand, and in some cases thought it would be necessary to call a doctor.

The Light being some distance from thoroughfares and stores, about a year ago, I purchased a small runabout for use in emergencies.

Now, Mr. Yates, if it is not asking too much, I would like to have a small shed placed on the subway fill. A shed about 12'x8', would do. As the fill is controlled by the New York City Park Department, under the supervision of Mr. Dewitt, I would like to procure a permit, and would feel grateful to you if you could advise and assist me in procuring same.

Thanking you in advance for your attention to this matter, I am

Very truly yours,

William Knabb
Jeffery Hook Light Keeper

JTY:CFH

October 24, 1927.

William K. Knapp, Light Attendant,
Jeffreys Hook Light,
c/o Manhattan Island Boat Club,
172nd Street and North River, N. Y.

SUBJECT: Placing of shed on subway fill at Jeffreys Hook Light.

REFERENCE: Your letter October 20, 1927.

This Service has no property at this point and the light is maintained in the park on a permit from the City of New York. This office is unable to assist you in the matter as requested and would suggest, however, that you take this up with those in charge as a personal matter. It might be of assistance to you in obtaining this permit to arrange for the life guards to disrobe in the building in place of the pier in accordance with permission recently granted the Department.

J. T. YATES

2374

Form 205

CONTRACT OF EMPLOYMENT IN REGISTERED POSITION

JHG 25

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPERINTENDENT OF LIGHTHOUSES NOV 20 1923 RECEIVED 2ND DIST. NEW YORK, N.Y.

75

Staten Island, N. Y., Nov. 13, 1923, 19
(Place and date)

Employment has been given to William K. Knapp

as Light Attendant of Jeffreys Hook Light, N. Y., in connection with work

in the Third Lighthouse District, at the rate of $ 540.00 p.a. ~~xxxxxx~~

~~xxxxxx~~, beginning November 20, 1923, 19 , under regulations approved by the

Secretary of Commerce, dated ~~May xx, xxxx~~ Aug. 4, 1918. This contract of employment supersedes all previous

certificates of appointment.

Classified under Lighthouse
Retirement Law - Mark "A"

1st Asst. Supt.
Born Oct. 18, 1877

J. F. Hayes
Supt. 3rd L. H. District

I accept the above conditions and agree to abide by the rules and regulations of the Lighthouse Service.

VC 08. 12/5/23

X William Knapp

Mess J.P.

INSTRUCTIONS.—To be prepared in duplicate, one copy to be handed to employee and the other kept on file in the District Office.

11—4360

Manhattan Island Boat Club,
172d Street & North River,
New York, N. Y.

November 5, 1923.

Mr. J. T. Yates, Supt.,
Department Commerce,
Staten Island, N. Y.

Dear Sir:

Again referring to my letter to you of April 28th, your reply to me under date of April 30th, regarding position of light attendant of "Jeffreys Hook Light".

As explained to you, I am located very close to this point and can give same the best of attention. I understand recently that the party in charge now was thinking about giving it up. I am, therefore, again bringing this to your attention so that my application will not be overlooked.

Thanking you in advance for your kind consideration in this matter, I remain

Respectfully yours,

Wm K. Knapp.

FWO-JHS

William K. Knapp,
C/O Manhattan Island Boat Club,
172nd Street & North River,
New York, N. Y.

Nov. 6,1923

SUBJECT: Position of Light Attendant of the Jeffries Hook Light.
REFERENCE: Your letter November 5,1923.

1. Referring to your letter of Nov.5,1923 relative to the position of Jeffries Hook Light; if you are desirous of being considered for this position it is requested you fill out the enclosed modified application blank and return it to this office at the earliest practicable date. The total pay of this position is $65.00 per month, consisting of base pay of$45 per month and a temporary increase or bonus of $20 per month. State whether or not you are willing to accept this position, and if so, how soon you could report for duty if selected.

J. T. YATES

Superintendent

By: W. J. Lawton,
Chief Clerk

11/6
Sent voucher to Snyder

1st Pet

SUPERINTENDENT OF LIGHTHOUSES
NOV 10 1923
RECEIVED
TOMPKINSVILLE, N.Y.

Manhattan Island Yacht Club,
172nd St. & North River,
New York, N. Y.

November 9, 1923.

Mr. J. T. Yates, Supt.,
Lighthouses, Dept. Commerce,
Staten Island, N. Y.

Dear Sir:

Am enclosing herewith blank application properly filled out which you sent me November 6th.

As stated in my previous letters, I am desirous of being considered for this position as I have ample time of taking care of this light as I live right close to it. I am willing to accept this position if selected and can report for duty any day as I am always at the above address.

Yours truly,

Wm K Knapp

S

Form 1025.
Apr., 1921.

United States Civil Service Commission.

APPLICATION FOR EXAMINATION—LIGHTHOUSE SERVICE.

FOR KEEPERS AND ASSISTANT KEEPERS.

Any false statement in an application, or the alteration of a certificate, or the presentation to the Commission of a paper containing such false statement or alteration, is a violation of the law and is punishable as such.

All answers must be in ink and in the handwriting of the applicant.

Appointments are usually made to the position of assistant keeper. The average entrance rate of pay for assistant lighthouse keepers ranges from $600 to $900 a year, according to locality. In addition to salary, 45 cents a day is allowed for rations (cash or provisions), and a further allowance is made of light and fuel for household use. Assistant keepers are provided with quarters for themselves, and at many of the stations quarters are provided for the families of assistant keepers. The Government furnishes cooking and heating stoves to assistant keepers.

Keepers and assistant keepers are eligible for retirement under the Lighthouse Service retirement law, and also are entitled under certain conditions to free medical treatment and to compensation for injuries.

To the UNITED STATES CIVIL SERVICE COMMISSION,
Washington, D. C.

I, the undersigned, hereby make application for examination for the position of keeper or assistant keeper in the Lighthouse Service, intending to accept the position for which examined if selected for appointment.

1. Answer the inquiries in the following table as to citizenship, place and date of birth, and age. [If a naturalized citizen, your certificate of naturalization, or the certificate of naturalization of one of your parents (if such parent was naturalized while you were a minor), with sworn statements of two disinterested citizens as to the reputed relationship, **must be forwarded with the application.** The certificate will be returned to you.]

Are you a citizen of the United States?	Place of birth.	Date of birth (give month, day, and year).	Age on LAST birthday.
Yes	Haverstraw N.Y.	Oct 18th, 1877	46 years.

2. Of what State or Territory and county or parish are you now an actual bona fide resident, and how long have you been such resident thereof? **(Continuous residence to exact date of the oath to this application must be shown.)**

State or Territory.	Length of residence therein.	County or parish.	Length of residence in county or parish.
New York	From 1906 May 1st, to date of Jurat hereon (see p. 3).	New York	17 years.

3. In answer to the following inquiries give full statement of your employment in the Government service. Avoid any reference to politics or change of administration.

Were you ever in Government service?	In what Department or service were you employed?	For what period?	Did you voluntarily resign?	Were you discharged?
No	—	From —, 1—, to —, 1—	—	—

4. Were you ever in the U. S. military or naval service? No. Do you draw a pension? If so, for what disability? No

Give the exact name under which enlisted and discharged —

Give below information indicated in regard to each enlistment:

Date enlisted.	Date discharged.	Company and regiment or vessel.	Kind of discharge: "Honorable," "dishonorable," etc.
—	—	—	—
—	—	—	—

An honorably discharged soldier, sailor, or marine must submit with his application his certificate of honorable discharge, or a photostat or certified copy thereof, or an official statement from the War or Navy Department showing service record, unless he has already been allowed preference by the Commission or its representative because of military or naval service, in which event he should attach to the application the report notifying him of the allowance of preference.

5. Have you ever been discharged from private employment? (Answer "~~Yes~~" or "No.") No. If so, give the name and address of the employer and a statement of the reasons for discharge in each case None

6. (a) 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, furnish the information required below in regard to all such relatives.

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

10. (a) State in each case whether or not you use any of the following, and, if so, to what extent:

Whisky	Beer	Wine	Other intoxicating liquor	Opium, morphine, or other narcotic drug
No	No	No	No	No

(b) If you have in the past used any of the foregoing, state which, to what extent, and when you discontinued the use in each case Never in my life

11. (a) Have you ever been indicted for, or convicted of, any crime or misdemeanor, or arrested upon any charge? (Answer "Yes" or "No.")	(a) No
(If you have ever been indicted, convicted, or arrested, name the alleged offense, and inclose herewith an abstract from the court proceedings sufficient to show the essential action taken; and also furnish a statement from the trial judge or other court officer showing the surrounding circumstances and your reputation.)	No
(b) Does your answer to question 11 (a) cover all cases in which you may have been indicted, convicted, or arrested? (Answer "Yes" or "No.")	(b) —
(Abstract of proceedings in each case is required.)	

STATEMENT OF EXPERIENCE.

Special instructions.—This application will not be considered unless the applicant can furnish satisfactory evidence of his ability as waterman and boatman, accustomed to handling both pulling and sail boats in all weathers. THIS REQUIREMENT SHALL NOT APPLY IN THE EIGHTEENTH LIGHTHOUSE DISTRICT, HEADQUARTERS, SAN FRANCISCO, CALIF. The rating for experience will be based upon the information contained in the answers to Questions 12 to 19, inclusive, as corroborated by the references named in answer to Question 20. If complete and accurate information is not given by the applicant, a reduction in rating will be likely to result.

In the answers to Questions 12 to 19 the applicant must state all the practical experience he has had in the classes of work specified, giving in each case, so far as is practicable, (a) the dates, the length of time in years and months, and whether or not the employment was continuous; (b) the place of employment; (c) the name of the employer; (d) the salary or wages received; and (e) the specific nature of the duties performed. If more space is required for the answers, as much additional paper as necessary may be used, the answers to be numbered to correspond with the numbers of the questions in the application blank and the sheets to be attached to the application.

12. (a) State fully your experience in handling pulling and sail boats in all weathers. (See special instructions above.)

Employed Various Capacities on Tug Boats

2 years Steward Manhattan Island Yatch Club 172 ft Power

Was with Dayley Tug Boats 7 years

" " Barretts " 3 years

(b) Can you swim? Yes Sir

13. Where was the boating experience gained? (Name bodies of water.)

New York Harbors

14. State fully your experience in operating motor boats. (See special instructions above.)

2 years as Steward Manhattan Island Yatch Club

15. State fully your experience as mariner (seaman, quartermaster, pilot, mate, master, etc.). (See special instructions above.) If seaman experience is claimed, specify the kind of craft on which the experience was gained, and state what part of the time, if any, was served on truck or oyster craft.

X

16. State fully your experience on steam vessels as fireman, water tender, assistant engineer, or engineer. (See special instructions above.)

X

17. State fully your experience in operating oil, gasoline, or steam engines, air compressors, or other machinery.

X

18. State fully your experience in ANY mechanical trade or occupation, on land or on the water, not covered by your answers to Question 12 to 17, inclusive; such as machinist, carpenter, plumber, pipe fitter, steam fitter, painter, etc. (See special instructions above.)

X

I am very handy with Tools

17. ...gines, air compressors, or other machinery.....

X

6—415

18. State fully your experience in ANY mechanical trade or occupation, on land or on the water, not covered by your answers to Question 12 to 17, inclusive; such as machinist, carpenter, plumber, pipe fitter, steam fitter, painter, etc. (See special instructions above.)

X

I am very handy with tools

19. State fully your experience as keeper or assistant keeper in the Lighthouse Service. (See special instructions above.)

/

20. Give the names and complete addresses of five persons now living in the United States who are COMPETENT to judge of your experience and ability in the classes of work specified in Questions 12 to 19, inclusive. The following are considered competent: Any person who has employed you, or any officer or member of a firm or corporation by which you have been employed; a foreman, overseer, or superintendent under whom you have worked; a fellow workman; a person engaged in the same trade or occupation as that in which you claim experience. Names of employers are preferred. In any case, if the person named as reference states in answer to inquiry that he knows nothing of your work, such person must be considered incompetent. If no replies are received from persons competent to testify as to your experience and ability, your application will be disapproved.

	NAMES.	ADDRESSES.
(1)	Jno D Dailey Mfg Boats Co	New York
(2)	Geo Barretto ✓	✓
(3)	B Abeltree	6 Harrison St New York
(4)	Rex Stout % Irving Nat Bank	New York NY
(5)	James S Lynch 100 Bway	✓

21. Are each and all of the answers to the foregoing questions in your own handwriting?

yes

22. Are each and all of the answers to the foregoing questions true, to the best of your knowledge and belief?

(Signature of applicant) Wm K Knapp

(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full.)

(Post-office address. Give number, street, city, and State.) 172nd St & N R New York

(Make exact duplicate of this signature and address on back of application.)

DO NOT OMIT JURAT OR MEDICAL CERTIFICATE

JURAT

[Under the provisions of the civil-service act and rules, an application for examination must be made under oath, in such form and manner, and accompanied by such certificates as the Commission may prescribe. The following oath must be taken before any NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, to whom the applicant is personally known, and *before whom the applicant must appear in person.* The OFFICER'S SIGNATURE MUST BE AUTHENTICATED BY OFFICIAL (IMPRESSION) SEAL. If the oath be taken before a justice of the peace or other officer who has not such seal, his official character must be certified by the clerk of court, secretary of state, or other proper officer, under official seal.]

Subscribed and duly sworn to before me according to law by the above-named applicant, to me personally known, this..... day of....., 192 , at city [or town] of....., county [or parish] of....., and State [or Territory or District] of.....

[OFFICIAL IMPRESSION SEAL] (Signature of officer).....

(Official title).....

Form 1025.
Apr., 1921.

United States Civil Service Commission.

APPLICATION FOR EXAMINATION—LIGHTHOUSE SERVICE.

FOR KEEPERS AND ASSISTANT KEEPERS.

Any false statement in an application, or the alteration of a certificate, or the presentation to the Commission of a paper containing such false statement or alteration, is a violation of the law and is punishable as such.

All answers must be in ink and in the handwriting of the applicant.

Appointments are usually made to the position of assistant keeper. The average entrance rate of pay for assistant lighthouse keepers ranges from $600 to $900 a year, according to locality. In addition to salary, 45 cents a day is allowed for rations (cash or provisions), and a further allowance is made of light and fuel for household use. Assistant keepers are provided with quarters for themselves, and at many of the stations quarters are provided for the families of assistant keepers. The Government furnishes cooking and heating stoves to assistant keepers.

Keepers and assistant keepers are eligible for retirement under the Lighthouse Service retirement law, and also are entitled under certain conditions to free medical treatment and to compensation for injuries.

To the UNITED STATES CIVIL SERVICE COMMISSION,
Washington, D. C.

I, the undersigned, hereby make application for examination for the position of keeper or assistant keeper in the Lighthouse Service, intending to accept the position for which examined if selected for appointment.

1. Answer the inquiries in the following table as to citizenship, place and date of birth, and age. [If a naturalized citizen, your certificate of naturalization, or the certificate of naturalization of one of your parents (if such parent was naturalized while you were a minor), with sworn statements of two disinterested citizens as to the reputed relationship, **must be forwarded with the application.** The certificate will be returned to you.]

Are you a citizen of the United States?	Place of birth.	Date of birth (give month, day, and year).	Age on LAST birthday.
yes	Haverstraw Ny	Oct 18th, 1877	46 years.

2. Of what State or Territory and county or parish are you now an actual bona fide resident, and how long have you been such resident thereof? **(Continuous residence to exact date of the oath to this application must be shown.)**

State or Territory.	Length of residence therein.	County or parish.	Length of residence in county or parish.
New York	From 1906 may 1st, to date of Jurat hereon (see p. 3).	New York	17 years.

3. In answer to the following inquiries give full statement of your employment in the Government service. Avoid any reference to politics or change of administration.

Were you ever in Government service?	In what Department or service were you employed?	For what period?	Did you voluntarily resign?	Were you discharged?
No	—	From —, 1—, to —, 1—	—	—

4. Were you ever in the U. S. military or naval service? No. Do you draw a pension? If so, for what disability? No.

Give the exact name under which enlisted and discharged —

Give below information indicated in regard to each enlistment:

Date enlisted.	Date discharged.	Company and regiment or vessel.	Kind of discharge: "Honorable," "dishonorable," etc.
—	—	—	—
—	—	—	—

An honorably discharged soldier, sailor, or marine must submit with his application his certificate of honorable discharge, or a photostat or certified copy thereof, or an official statement from the War or Navy Department showing service record, unless he has already been allowed preference by the Commission or its representative because of military or naval service, in which event he should attach to the application the report notifying him of the allowance of preference.

5. Have you ever been discharged from private employment? (Answer "~~Yes~~" or "No.") No. If so, give the name and address of the employer and a statement of the reasons for discharge in each case None

6. (a) 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, furnish the information required below in regard to all such relatives.

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.		

(b) Do you and any of the above-named persons live under the same roof and contribute to a common support? (Answer "Yes" or "No.") No

(c) If so, give the names of all such persons and full particulars —

(d) State which, if any, of the above-named persons are under 21 years of age —

(e) State which, if any, of the above-named persons are now temporarily employed —

7. Are you now married? No

8. If a married man, would you accept a position at a station where no quarters are provided for the families of keepers? —

9. Will you accept employment in any part of the lighthouse district in which you file this application? (Answer "Yes" or "No.") —

If not, state the particular locality or localities for which you wish to be considered —

How far do you live from the Light? 2000 ft Weight 148

9—415

Can you see the light from where you live? yes plain Height 5 ft 6 inch

Position of Light Attendant
of Jeffries Hook Light

Form 1025.
Apr. 1921.

General average, ...

APPLICATION FOR ~~EXAMINATION~~ LIGHTHOUSE SERVICE.

FOR KEEPERS AND ASSISTANT KEEPERS.

Application No. .....
(Applications should be numbered in order of receipt.)

N. B.—Applicant will write plainly his first name in full, middle initial or initials (if any), and surname in full, and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made in writing.

Name, William K. Knapp

Number and street, 172nd St N River

City or town, Newark

State or Territory, NJ

Lighthouse District No. .....

Applicant will not fill the following blanks.

Application examined and approved....., 19

Notified of standing ....., 19

Entered register ....., 19

Final certificate of naturalization of .....

.....
(Name of person naturalized.)

issued by the ..... Court of

....., ...,
(City.) (State.)

on....., 1 , was filed with this application by the applicant, and was found by me to be in due form in all respects. The certificate was returned to the applicant on ....., 19

(Initials.).....

MARKS.

Subjects.	Marks.	Weights.	Products of marks multiplied by weights.
Physical ability.....	.....	40	.....
Training and experience..	.....	60	.....
TOTAL.....		100	.....

General average, ...

6—415

OK Ask 11/13/23

22. Has the applicant any predisposition, either hereditary or acquired, to any constitutional disease, or any tendency to disease or disability which is likely to unfit him for the performance of the work of the position which he seeks? .....

.....

23. Are there indications that the applicant uses intoxicating beverages, or narcotics in any form, and if so, to what extent? .....

.....

24. Has the applicant flatfoot? If so, state in what degree. (The applicant should be required to raise his weight several times on his toes and to jump as far as possible alighting on his toes.) .....

.....

25. Physician should give here a supplemental and complete description of every abnormality, disease, or physical defect, past or present.

.....

.....

.....

.....

.....

.....

This space to be filled in by the applicant in his own handwriting, in the presence of the physician.

I certify that I have made a thorough examination of and personally weighed and measured the above-named applicant, that each and all of the above answers are in my own handwriting and are true, and that the applicant wrote his signature, just above, in my presence.

(Signature of applicant) .....

(Signature of physician) .....

(P. O. address of physician) .....

Date, ..., 19

Form 1449.
May, 1919.

UNITED STATES CIVIL SERVICE COMMISSION.

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS.

To be sent to persons named in application as having knowledge of applicant's character, qualifications, and fitness.

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Any additional information respecting the character, qualifications, or fitness of the applicant should also be given. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned as promptly as possible to the official named on the back of this form in the inclosed "penalty" envelope. Unless this voucher is returned by the date named on the back of this form the applicant's papers may be disapproved.

STATEMENT OF PERSON NAMED AS REFERENCE.

I hereby certify that I am 37 years of age; that my occupation is Light house keeper; that for 3 years I have known Wm K. Knapp, the applicant named hereon, and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation?	caretaker.
2. How long has he served at his trade or occupation?	don't know

3. Is he at present employed? yes If so, (a) by whom? Manhattan Island boat club.
(b) At what trade or occupation? caretaker (c) At what salary? don't know

4. Have you ever employed or worked with the applicant? no If so, (a) where? —
(b) How long (give dates)? (c) In what capacity was he employed?

5. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left.

6. As to the trade or occupation **in which he seeks to be employed,** give your views, either in your own words or by circling or checking the qualifying term which most nearly expresses your opinion, with respect to the applicant's—

(a) Skill (Excellent, (good), fair, poor.) (c) Industry (Excellent, (good), fair, poor.)

(b) Carefulness (Excellent, (good), fair, poor.) (d) Efficiency (Excellent, (good), fair, poor.)

7. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks.

8. (This question should not be answered unless "Required" is stamped here.)
What schooling has the applicant had? (a) If less than high school, state grade completed; (b) If high school or technical school, state how many years finished If graduated from a 3 or 4 year course in technical school, so state and name the school

9. (To be answered only in connection with application for apprentice.) Has the applicant in your opinion an aptitude for learning a trade?

10. To what extent would you yourself give the applicant employment in a position similar to that which he seeks?

11. Are you related to the applicant? If so, state the relationship.	no
12. (a) Is the applicant addicted to the use of intoxicating liquors? (b) If so, to what extent?	don't know (a) (b)
13. What is his general reputation and standing in the community in which he resides?	good
14. Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, give particulars.	no

15. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate?
Have no direct knowledge. Not well acquainted with applicant.

(Add any other facts relative to the applicant's fitness or unfitness for employment in the Government service.)

The above statement and answers are in my own handwriting (~~have been dictated and carefully read by me.~~)

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

(*Signature of voucher*) Frank J. Snyder

(*Post-office address*) 183rd St & Hudson River

Date 11/11, 1923. (*Place of employment*) Jeffreys Hook Light

6—5997

Form 1449.—May, 1919.

UNITED STATES CIVIL SERVICE COMMISSION.

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS.

SIR: Wm N. Knapp. *, an applicant for the position of Light Attendant at Jeffreys Hook Lt has referred to you in his application as one having knowledge of his character, qualifications, and fitness for the position he seeks. The Commission therefore requests that you furnish the information called for on the reverse of this form, answering all the questions as fully and specifically as possible, and promptly return the form to the official named below. A "penalty" envelope, requiring no postage, is inclosed for this purpose. If you have knowledge of any additional facts respecting the applicant that would be of value in determining his fitness or unfitness for the public service, you are requested to state them fully. Avoid any allusion to politics, religion, or fraternal orders. The information you furnish will be treated as confidential and is for the inspection and scrutiny of the Commission and the department to which the applicant's name may be certified. You are urged to give this matter immediate attention for the reason that unless your statement is received by the hour of closing business on the date named below the applicant's papers may be disapproved.

Very respectfully,

.....

Application No. .....

Mr. Frank J Snyder

.....

.....

This form mailed Nov 6 1923

Return to the official named above in time to be received by

Nov 13, 1923

0—5997

* Manhattan Island Boat Club
172 St & North River

It is important that this letter be answered promptly

SUPERA... NOV 12 1923 RECEIVED ... USSC

FWO-JHC

William K. Knapp,
C/O Manhattan Island Boat Club,
172nd Street & North River,
New York, N. Y.

Nov. 18,1923

SUBJECT: Position of Light Attendant of Jeffreys Hook Light.
REFERENCE: Your letter Nov. 9,1923.

1. Referring to your application filed in this office for the position of Light Attendant of the Jeffreys Hook Light; you are advised you have been selected for this position, and in accordance therewith are directed to relieve the present Light Attendant, Frank J.Snyder, at the close of November 18,1923, giving him receipt for the light and all Government property under his charge, in triplicate on Form 30a, one copy of which is to be forwarded to this office.

2. Advise this office promptly by letter of the date on which you take charge of the light.

3. Two copies of Form 205 are enclosed. Sign same where marked "X" and return both copies to this office.

4. Mr.Snyder has to-day been directed to carefully instruct you in reference to the matter of care and operation of apparatus at the light.

J. T. YATES

Superintendent

By: W. J. Lawton,
Chief Clerk

FWO-JMG

William K. Knapp,
C/O Manhattan Island Boat Club,
172nd Street and North River,
New York, N. Y.

Nov. 15,1923

SUBJECT: Position of Light Attendant, Jeffreys Hook Light.
REFERENCE: Letter from this office Nov.13th and previous correspondence.

1. Referring to your appointment to the position of Light Attendant of the Jeffreys Hook Light; you are advised you will be required to turn on the light at sundown and turn off the light each morning; to see that the fog signal is in continuous operation during all periods of fog; to keep the apparatus and the entire station in clean and efficient order at all times, including the scaling and painting of fence and tower throughout as necessary to keep it in good condition.

2. On Saturday of each week the pressure of gas is to be recorded in a book to be furnished you; the book is to be sent to this office on each Saturday, and after being examined it will be returned to you.

J. T. YATES

Superintendent

By: W. J. Lawton,
Chief Clerk

FWO-JHG

William K. Knapp, Lamplighter,
Jeffreys Hook Light,
C/O Manhattan Island Boat Club,
172 St. & N.R., New York, N. Y.

Nov. 24,1923

SUBJECT: Date of taking charge of Jeffreys Hook Light.
REFERENCE: Letter from this office Nov.13,1923.

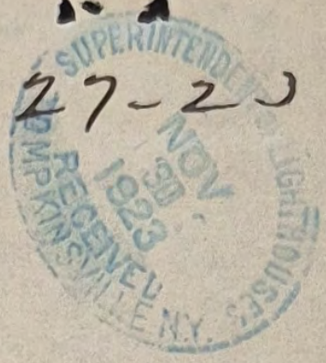
1. You are directed to advise this office by return mail of the date on which you took charge of Jeffreys Hook Light, as instructed by letter from this office dated Nov.13,1923.

J. T. YATES

Superintendent

By: W. J. Lawton,
Chief Clerk

Fair Haven Nov 27-23



Mr J T Gates

Supt

Dear Sir

I took Charge of

Jeffreys Hoon light on Nov

19th as instructed by you

Yours truly

Wm K Knapp

Form 439
TREASURY DEPARTMENT
PERSONNEL DIVISION

File No. 1448

Name K N A P P, Mr. WILLIAM EDWARD

BORN: February 5, 1896

Service COAST GUARD

U. S. GOVERNMENT PRINTING OFFICE 16—14585

Standard Form No. 8
(Approved by the President, May 22, 1925)

fm

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, William E. Knapp, do
(Name in full, printed or typed)
solemnly swear (or affirm) 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.

William Edward Knapp.
(Signature of Appointee)

Subscribed and sworn to before me this 4th day of August, A.D. 1941

at St. George, S.I., N.Y., N. Y.
(City or place) (State)

[SEAL]

Clement H. Lake
Notary Public

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

March 31st 1942

Position to which appointed Blacksmith's Helper, St. George Depot, S.I., N.Y.

Date of entrance on duty 21 July, 1941.

U. S. GOVERNMENT PRINTING OFFICE 10—1689

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 27502

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date May 29, 1941.

Name: Knapp, William E.

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.: 5160

Nature of Recommendation

- Change in status and designation - increase in salary.

	FROM	TO
Position	Rivet Holder	Blacksmith's Helper
Grade	None	None
Salary	$5.92 per diem	$6.56 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York	New York, New York
Post of Duty	Staten Island Base, N. Y.	Staten Island Base, N. Y.
Appropriation	General Expenses, C. G.	General Expenses, C. G.
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE E.O.D.

Remarks:

Justification: This is a regular position in the authorized complement of the Base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

H. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Mgr. Second U. S. Civil Service Dist. 5-27-1941.

APPROPRIATION
Regular

DATE OF BIRTH
2-5-1896

LEGAL RESIDENCE
New York

SEX: M
RACE: W

NATURE OF POSITION
NEW
ADDTL. IDENT.

VICE VACANCY
VICE: *

Augustus J. Micka (promoted)

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

SUBJECT TO RETIREMENT ACT?
Yes, Civil Service

DATE OF OATH
APR 21 1941
AUG 4 1941

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY
8-4-41

INTERLEAVED-PATD.

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)

Department or Establishment U. S. Coast Guard Date Aug 4, 1941

1. Name in full (Mr., Miss, or Mrs.) Knapp (Surname) William (Given name) Edward (Middle name)
2. Present address 62 Treadwell Ave (Number) (Street) N. Y. (City) N. Y. (State)
3. Legal (voting) residence 11th Dist & ONY (State and Congressional District) Richmond (County) NY (City or town)
4. Where born Penna Pa (State or foreign country) Phila (City or town) When born Feb 5 1896 (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 none
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			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S Lighthouse	Stapleton	Rivet Heater	4.80 to 5.96 day	May	25	1929	4	15	41
U.S Coast Guard	N.Y. Yard	" Heater	5.92	4	16	1941	7	20	41
"	"	Blacksmith Helper	6.56	7	21	41			

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
	Position Department or office	
	Position Department or office	
	Position Department or office	

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

(Title) (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) (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 May 28. 1918 Discharged June 5 1919
Rank 1 Class Private Rank 1 class private
Organization 313 Inf 6T Organization 79th Div.

Enlisted ~~5-28-18~~ Discharged ~~6-5-19~~
Rank ~~1 Class Private~~ Rank —
Organization 313 Inf ~~Organization~~ ~~Co I 79th Div~~

[OVER]

10—1930

RECEIVED
AUG 5 3 26 PM '41
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) ———

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
Fore River Mass.	messenger	1912
Gilbert & Edge Bklyn	Rivet Heater & Passer	1913
Brewers Drydock S.I.	Actylene Burner	1913 to 1918
Army		1918 to 1919
S.I. Shipyard S.I.	Driller & Tapper	1919 - 1927
U.S. Lighthouse	Rivet Heater	1927 ———

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 J Schroeder ~~to~~

Relationship None Post office address Port Richmond S.I. N.Y.

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

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

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Standard Form No. 8
(Approved by the President, May 22, 1925)

U. S. COAST GUARD
APR 23 1941
NEW YORK DISTRICT
RECEIVED MAY 24 AM 17
APR 22 1941 10 16 AM '41
U.S. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, William E. Knapp, do
(Name in full, printed or typed)
solemnly swear (or affirm) 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.

William E. Knapp
(Signature of Appointee)

Subscribed and sworn to before me this 21st day of April, A.D. 1941
at St. George, S.I., New York
(City or place) (State)

[SEAL]

Clement H. Lake
Notary Public

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

Commission Expires March 31st 1942

Position to which appointed Blacksmith's Helper
Rivet Holder, Staten Island Base, N.Y.

Date of entrance on duty 16 April, 1941.

U.S. GOVERNMENT PRINTING OFFICE 10—1689

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PERSONNEL RECOMMENDATION

PAGE: 15197

TO DIRECTOR OF PERSONNEL

Date April 2, 1941

Name: Knapp, William E.

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No: 5084

Nature of Recommendation

Change in status - increase in pay

	FROM	TO
Position	Rivet Heater	Rivet Holder
Grade	None	None
Salary	$5.76 per diem	$5.92 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York.	New York, New York.
Post of Duty	Staten Island Base, N.Y.	Staten Island Base, N.Y.
Appropriation	General Expenses, C.G.	General Expenses, C.G.
Allotment		
Field or Deptl.	Field	Field

EFFECTIVE April 16, 1941

Remarks:

Justification: This is a regular position in the authorized complement of the base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

N. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Mgr. 2nd U. S. Civil Service District letter April 1, 1941

APPROPRIATION
Regular

DATE OF BIRTH
2-5-1896

LEGAL RESIDENCE
New York

SEX: M
RACE: W

NATURE OF POSITION

NEW

ADDTL. IDENT.

VICE VACANCY

VICE
*

*Frank J. Nebel (pro.)

SUBJECT TO RETIREMENT ACT?
Yes, Civil Service

DATE OF OATH

(FOR USE OF DIRECTOR OF PERSONNEL, TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY
4-4-41

INTERLEAVED-PATD.-SAMBO'S

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)

Department or Establishment U. S. Coast Guard **Date** April 22 41

1. Name in full (Mr., ~~Miss~~, or Mrs.) Knapp (Surname) William (Given name) Edward (Middle name)
2. Present address 62 Treadwell Ave (Number) (Street) Port Rich. (City) N. Y. (State)
3. Legal (voting) residence New York (State and Congressional District) 11th Rich (County) N. Y. (City or town)
4. Where born Philadelphia (State or foreign country) Pa (City or town) When born Feb 5 1896 (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 none
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			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
~~U.S. Coast Guard Lighthouse~~	St George	Riveter Heater	$5.76 dy	May	25	1929	4	15	1941
"	"	Rivet Holder	5.92	4	16	1941			

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	
	Position Department or office	
	Position Department or office	

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

(Title) (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) (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 May 1917	Discharged June 5, 1918	Enlisted May 1917	Discharged June 1918
Rank Private	Rank Private 1st Class	Rank Private	Rank Private 1st Class
Organization 79 Division	Organization 313 Inf Co D	Organization 313 Inf	Organization 79 Div Co D

[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.)

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
Gilbert Edge Shipyard	Passer, Rivet Heater	May 1911 to Oct 1912
Brewers Drydock	Acetylene Burner	Jan 1913 to Feb 1917
S J Shipyard	Tapper + Burner, Chipper	Sept 1919 & Mar 1928

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 J. Schroeder

Relationship Landlady Post office address 62 Treadwell ave P.P.S.

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

William E Knapp

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

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Form 78

FHF

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

4063-3 To Dept

DEPARTMENT OF COMMERCE
JUN 2 1937
DIVISION OF PERSONNEL

File 1367

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 3rd DISTRICT,

Staten Island, N.Y., May 28th, 1937.

LIGHTHOUSES
MAY 29 8 AM '37

Name of vessel, station, or other aid to navigation involved:
On board Five Fathom Bank Lightship #108 being overhauled at General Lighthouse Depot, Staten Island, N.Y.

Date of accident: May 26th, 1937

Nature and cause of accident: While using emery wheel grinding weld around smokestakk a piece of emery imbedded itself in left eye.

Estimated cost of damage { to property of the Department: $ --
to private property: $ --

What steps have been taken to recover cost of damage to Department property? --

1937 MAY 29 PM 12 24
DEPARTMENT OF COMMERCE
CHIEF CLERK

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
William E. Knapp	Rivet Heater, General Lighthouse Depot, Staten Island, N. Y.	piece of emery imbeded in left eye.	No

Reports will be duly submitted to the Employees' Compensation Commission in case any medical or other charges are involved under the Employees' Compensation Act.

Remarks or recommendations: Report will not be forwarded to the U.S.Employees Compensation Commission, as no time was lost or medical expense incurred.

J. T. Wheeler
Superintendent of Lighthouses.

Date May 29, 1937.

Submitted, in duplicate, to the Secretary of Commerce, for his information.

CARDED

Noted:

E. H. Gilbert
Chief Clerk.

For the Commissioner.
W.P.Harman
W.P.Harman
Administrative Assistant

11—11418

1448

APPLICANT OR EMPLOYEE MUST FILL THE FOLLOWING

Name (in full) William Edward Knapp Sex Male

Present address 62 Treadwell Ave. Port Rich. S.I.N.Y. Date of birth Feb. 5, 1896

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
Jan 1 1934	To date	62 Treadwell ave	Port Richmond S.I.N.Y.

Give, in your own handwriting, the information requested below

Have you ever been arrested for any reason whatsoever? Yes (Yes or no)

If so, give details in space provided below.

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition
June 1919	24	Speeding	Lafayette Blvd S.I.N.Y.	—	$25.00 fine
Aug. 1936	41	Passing White line	" " "	—	$1.00 fine

NO ADDITIONAL RECORD FOUND AT P. D.

Have you ever been fingerprinted? Yes Where? Camp Upton Long Island NY

When? July 7 1917 If for the Civil Service, what position? U.S. Army

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

U. S. COAST GUARD

William Edward Knapp
Customary payroll signature of employee

Subscribed and sworn to before me this 28th day of November 1939.

Clement H. Lake
Notary Public

CLEMENT H. LAKE NOTARY PUBLIC RICHMOND COUNTY

My commission expires March 30th, 1940

m K-204

URGENT

F-66 - A-21197

INQUIRY CONCERNING SERVICE
IN ACCORDANCE WITH REDUCTION-IN-FORCE REGULATIONS

Date 7 November 1945

SECTION A - To be completed by Agency in which individual is presently employed.

Surname	First	Middle
Knapp	William	E.

Date of Birth
February 5, 1896

EMPLOYEE'S CLAIM OF PRIOR SERVICE

Agency in which service is shown on our records	From:	To:
U.S. Coast Guard, Lighthouse Dept. St. George Staten Island, N.Y.	May 25, 1929	March 16, 1945

SECTION B - To be completed by Agency in which prior service is claimed.

OFFICIAL RECORD OF PRIOR SERVICE

Type of Appt.	*Regulation under which Apptd.	From:	To:	**Remarks
Appt.Prob.		5-25-29	1-30-45	

*Please give specific information, such as Temporary Appointment, pending the establishment of a register; Temporary Appointment pending reinstatement; War Service Appt. under Regulation V, Section 1, War Service Transfer under Regulation IX, Section 2, Subsection (a), etc.

**Indicate any periods of leave without pay in excess of 6 months in any calendar year and reason therefore.

Signature

CARL E. HERRICK
Official Title Commander, USCGR,
Chief, Civilian Personnel Division

Date 16 November, 1945

Eeo Jr

J-7716

Address Reply As Follows:
PERSONNEL RELATIONS DIVISION
SERVICE RECORD SECTION
U.S. NAVY YARD, BROOKLYN, N. Y."

Form K-204(A)

UNITED STATES NAVY YARD

NEW YORK, N. Y.

NO. LO/Knapp (K-17) URGENT 7 November 1945 jr

From: Commandant.
To: Personnel Section.
Attn: Mrs. R. Wasson
National Archieves
8th & Pennsylvania Ave. N.W.
Washington, D. C.

Subj: Retention Preference Regulations - Prior Federal Service of William E. Knapp

Ref: (a) U. S. Civil Service Commission Departmental Circular No. 510, dated 15 November 1944.

Encl: (A) Navy Yard, New York Form K-204, inquiry concerning service, dated

1. Service Records for employees at this Navy Yard are being completed in accordance with the provisions of reference (a).

2. Subject employee claims prior Federal employment in your agency, but cannot furnish exact dates of service or information concerning type of appointment.

3. Inasmuch as this information is necessary in order to properly accord employees service credits and to determine the proper retention group, it is requested that the attached form be filled out in duplicate, and returned to the Service Record Section, Personnel Relations Division, Building No. 3, 11th Floor, Navy Yard, New York, at the earliest possible date.

W. K. CLARK
By direction

RECEIVED INCOMING
Nov 9 10 20 AM '4'
THE NATIONAL ARCHIVE
MAIL SECTION

J-7716

NATIONAL ARCHIVES REFERRAL SLIP

INQUIRY FROM:
Personnel Relations Div.
Service Record Section
U. S. Navy Yard
Brooklyn, New York

DATED: Nov. 7, 1945

SUBJECT: Service record of William E. Knapp with the Lighthouse Service and U. S. Coast Guard, St. George Depot, Staten Island, N. Y.

RESPECTFULLY REFERRED TO:

United States Coast Guard
1300 E St., N.W.
Washington 25, D. C.

Att: Civilian Personnel

DATE: 11/14/45

DEPT. STOCK FORM 2249
REV. 12-41

NAVY

UNITED STATES ~~TREASURY~~ DEPARTMENT
WASHINGTON, D. C.

PAGE: 4

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date February 16, 1945

Name: Knapp, William E. Mr.

From: U. S. Coast Guard
(BUREAU OR DIVISION)

Bureau No.:

Nature of Recommendation Resignation (Paid for 31 days and 6 hours annual leave from January 31, 1945 ~~through 6 hours on March~~ 16,1945).

Effective: Close January 30, 1945

	FROM 5160	TO
Position	Blacksmith Helper (HF)	
Grade	None	
Salary	$7.52 per diem	
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New York, N. Y.	
Post of Duty	Staten Island Base, N.Y.	
Appropriation	General Expenses, C.G.	
Allotment		

FIELD [X] DEPRTMTL. [ ] FIELD [ ] DEPRTMTL. [ ]

Remarks: It is noted you state you resigned on advise of your physician that the work was too heavy.

Justification:

Mr. Knapp was last in a duty status on January 30, 1945. His letter of resignation is attached.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-5-96

LEGAL RESIDENCE: N.Y.

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Yes, Civil Service

DATE OF OATH

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

E. L. KANGAS, Admin. Asst.
Civilian Personnel Division

(BUREAU OR DIVISION HEAD)

(FOR USE OF DIRECTOR OF PERSONNEL, ~~TREASURY~~ NAVY DEPARTMENT)

DATE APPROVED ~~MAR~~ FEB 20 1945

F.C. Zant

PATENTED

FEB 20 1945

PERSONNEL RECOMMENDATION
UNITED STATES COAST GUARD
NAVCG-2660-REV.2-44

to Miss Arabelle

FEB 8 1945

TO: COMMANDANT, UNITED STATES COAST GUARD

FROM (Recommending Office)	LOCATION	DATE
DCGO, 3rd Naval District	42 Broadway, New York 4, N.Y.	6 February, 1945

NATURE OF RECOMMENDATION: Resignation

NAME (Last, First, Middle Initial)	LEGAL RESIDENCE	DATE OF BIRTH	VET'S. PREF.?
KNAPP, William E. (Mr.)	New York	2-5-96	Yes

	FROM	TO
POSITION & NUMBER	Blacksmith Helper (H.F) (5160)	
GRADE OR RANGE & PAY	$7.52 per diem	
VALUATION OF QUARTERS	-----	
APPROPRIATION	Gen. Exp. CG	
STATION	New York, N. Y.	
OFFICE	Staten Island Base, N. Y.	
DIVISION		
SECTION		

PROPOSED EFFECTIVE DATE: Close 30 Jan. 1945

[X] THE ACTUAL DATE OF ~~XXXXXXXXXX~~ separation
[ ] AS SOON THEREAFTER AS HE ENTERS ON DUTY

POSITION CLASSIFICATION OR JOB DATA

[ ] NEW POSITION

[ ] VICE _____ (Previous Incumbent) _____ (J.C.S.&-IVb Only) _____ (Date & Manner Vacated)

[ ] NEW POSITION, OR JOB, IN LIEU OF _____ (Position or Job Superseded) _____ (Incumbent) _____ (J.C.S.&-IVb Only)

[ ] ADDITIONAL IDENTICAL _____ (Name of Employee) _____ (J.C.S.& of Position to Which Identical-IVb Only)

REMARKS: Last date in duty status was 30 January, 1945. Weekly tour of duty is 40 hours. Employee was in a leave status for one hour on that date.) Employee is being compensated in a lump sum for accumulated and current accrued annual leave of 31 days, 6 hours. Leave covers the period 31 January to 16 March (6 hours). Employee is indebted to the Government for 10 days and 4 hours advanced sick leave which will be deducted from pay due him. Letter of resignation from Mr. Knapp and certified Form 2806 are attached.

Certified as required in Instruction 6:

T. J. Curtin

T. J. CURTIN, Lieut.(jg) USCGR
Civilian Personnel
(Signature of Recommending Officer)

FEB 13 1945

Leave appears to be correct

RESIGNATION FORM
UNITED STATES COAST GUARD
NAVCG - 2795 (9-44)

DATE:

I hereby tender my resignation effective at the expiration of my annual leave, if any.

NAME	GRADE	SALARY
WILLIAM E. KNAPP	Blacksmith Helper	$7.52 per diem
DIVISION OR STATION	**SECTION**	**EFFECTIVE DATE**
Staten Island Base, N. Y.	Blacksmith Shop	close 1-30-45

RECEIVED
FEB 3 5 00 PM '45
U.S. COAST GUARD
AIR REP. DEPOT
ST. GEORGE, S. I.

REASON FOR RESIGNING Work too heavy; advised by physician to seek lighter work.

William E Knapp

WILLIAM E. KNAPP
(Signature of employee)

COMMENTS BY SUPERVISOR(S)

INDORSEMENT - 1

DATE 1 February, 1945

TO THE COMMANDANT (PCP) via DCGO

Forwarded, recommending acceptance, *

A. H. HYLTON
Lieut. Commander
(Signature, head of Division or Station)

DATA FOR SEPARATION ACTION

	DAYS OR DATES	HOURS
LAST DAY WORKED	1-30-45	7
EARNED ANNUAL LEAVE TO CREDIT	1-30-45	271
ANNUAL LEAVE EXPIRES	3-16-45	6

NUMBER OF HOURS OF LEAVE WITHOUT PAY ON DATE OF SEPARATION —

Lillian Himmelfarb
Lillian Himmelfarb
(Signature of leave clerk)

NAME OF DISTRICT OR INDEPENDENT UNIT

DATE 1 February, 1945

INDORSEMENT - 2

TO THE COMMANDANT (PCP)

Forwarded, recommending acceptance *

T. J. Curtin
T. J. CURTIN, Lieut. (jg)
Civilian Personnel
(For DCGO or C.O. Independent Unit)

*If acceptance of resignation is not recommended, state clearly and in detail the reasons why different action is proposed.

(Pcb-6)

CG-75

9 February, 1945

To:
DCGO, 3 ND

Subj:
William E. Knapp, former Blacksmith Helper.

It is requested that the information or forms indicated in the items checked below be furnished Headquarters promptly, with the return of the attached papers, if any.

(1) Give date of entrance on duty, or transfer, or of resignation.
(2) Furnish personal history sheet in duplicate.
(3) Furnish certified statement of unappointed service in duplicate.
(4) Furnish oath of office in duplicate.
(5) Furnish Civil Service Form 375 in triplicate.
(6) Furnish standard Form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in Civil Service Form 2473, attached.
(8) Furnish one copy of certified Form 2806.
(9) Forward promptly address to which retirement pay checks are to be mailed.
(10) Have the inclosed form signed and returned.
(11) Furnish Form 3464a, Personnel Information Sheet.
(12) Furnish Form 2390, 1769, 2413, and 14.
(13) In the event retirement deductions were not made from the pay include the aggregate basic salary by fiscal years.
(14) Advise whether all accrued and accumulated annual leave granted before effective date of separation of employee.
(15) Furnish standard Form 62 in triplicate.

Inclosed herewith is Form 3005 for subject employee in accordance with request in your letter of 6 February, 1945.

3847

Carl E. Herrick
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED FEB 10 1945

Incl

JR:md
Return to 3-2

UNITED STATES COAST GUARD

42 BROADWAY

NEW YORK 4, N. Y.



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pcp)
REFER TO FILE: 75

6 February, 1945

To: The Commandant (PCP)

Subj: William E. Knapp, Blacksmith Helper; refund of retirement deductions

Reference is made to district letter of 1 February, 1945, forwarding Civil Service Commission Form 3005, application for Refund of Retirement Deductions. It is requested that the form be returned to this office as Mr. Knapp has decided not to withdraw the money to his credit in the retirement fund.

T. J. Curtin

T. J. CURTIN
By direction

UNITED STATES COAST GUARD

42 BROADWAY

NEW YORK 4, N. Y.

File



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pcp)
REFER TO FILE: 75

1 February, 1945

To: The Commandant (PCP)

Subj: William E. Knapp, former Blacksmith Helper; refund of retirement deductions

Inclosure is forwarded herewith for Headquarters' action. Mr. Knapp resigned his position as Blacksmith Helper at the close of business 30 January, 1945.

T. J. Curtin

T. J. CURTIN
By direction

Incl
Form 3005

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

Date Prepared 6 July, 1942

Name: [illegible], William H.

From: U. S. Coast Guard

Bureau No.: 8180

Wage Adjustment

Effective: 6 July, 1942

	FROM	TO
Position	Blacksmith Helper (MF)	Blacksmith Helper (MF)
Grade		
Salary	$6.88 per diem	$7.53 per diem
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty		New York, N. Y. ~~St. George Depot, N. Y.~~
Appropriation		General Expenses, U. S.
Allotment		
	FIELD ☒ DEPRTMTL ☐	FIELD ☐ DEPRTMTL. ☐

Remarks:

Justification:

This action is to bring the employee's pay in line with the amended Navy Schedule of Wages.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: [illegible]-1896

LEGAL RESIDENCE: N. Y.

SEX:

NATURE OF POSITION: NEW · ADDTL. IDENT.

VICE VACANCY · VICE

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

SUBJECT TO RETIREMENT ACT?

DATE OF OATH

CHARLES PIOZET

DATE APPROVED BY THE SECRETARY: 7-25-42

BUREAU OR DIVISION PERSONNEL FILES

JUL 25 1942

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared 31 December, 1941

Name: Knapp, William H.

From: U. S. Coast Guard

Bureau No.: 5160

Promotion

	FROM	TO
Position		Blacksmith Helper
Grade		None
Salary	.56 per diem	$6.88 per diem
Bureau or D		U. S. Coast Guard
Organiza		
Subdivisio		
Headquarters		New York, N. Y.
Post of Duty		St. George Depot, N. Y.
Appropriation		General Expenses, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE
Remarks: 1 January, 1942.

Justification:

This action is to bring the employee's pay in line with the amended Navy schedule of wages.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-5-1896

LEGAL RESIDENCE: New York

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

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

SUBJECT TO RETIREMENT ACT? Yes, Civil Service.

DATE OF OATH

CHARLES POZZI

DATE APPROVED BY THE SECRETARY
DEC 31 1941

BUREAU OR DIVISION PERSONNEL FILES

JAN 19 1942

Form 2660

NAVY ~~XXXXXXXXX~~ DEPARTMENT — NOMINATION

U.S.Coast Guard

Senior Coast Guard Officer,

~~New York District~~ 3rd Naval District, New York, N.Y., _____
(City) (Date)

Commandant:

Action recommended Promotion.

Name William E. Knapp Date of birth 2-5-96 Legal residence N.Y.

	From--	To--
Position	Blacksmith Helper	Blacksmith Helper
Pay and grade	$6.56 per diem ✓ 5.60 - 6.08 - 6.56	$6.88 per diem ✓ 5.92 - 6.40 - 6.88
Station	St.George Depot, S.I., N.Y.	St.George Depot, S.I., N.Y.
Appropriation	General Expenses, C.G.	General Expenses, C.G.
Effective	1 January, 1942	)[1] ~~the actual date of entrance on duty~~ or) as soon thereafter as he enters on duty.

Rank on eligible list ____ Rating _____ Percentage _____ Other eligibles considered:

Vice _____ Pay _____ Services terminated _____

Reason _____

Remarks:[2] Mr.Knapp is entitled to military(veteran)preference.
In accordance with Headquarters' letter 17 December, 1941 (CP-75).

) Selection regular, _____, 19

_____ P. E. SHAW,
Manager, 2nd Civil Service District By direction.

Coast Guard Headquarters, Washington, ,19

Submitted to the Secretary of the Treasury, approved.

[1]Strike out the clause which does not apply.
[2]In case of vessel officer, state license held.

75

OFFICE OF COMMANDER
NEW YORK DISTRICT
ROOM 411, CUSTOMHOUSE
NEW YORK, N. Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD (5)
REC'D AUG 11 1941

New York, N. Y.
9 August, 1941.

75

From: Commander, New York District.
To: Commandant.

Subject: William E. Knapp, rivet holder; change in status and designation to blacksmith's helper.

Reference: (a) Treasury Department Form 2249 dated 29 May, 1941, approved 4 June, 1941.
(b) Headquarters' letter 1 August, 1941 (CP-75).

Inclosure: (A) Report of Effective Date of Change, in duplicate.
(B) Form 8, Oath of Office, in duplicate.
(C) Form 6, Personal History Sheet, in duplicate.
((D) Form 3464a, Personnel Information Sheet.

1. Inclosures are forwarded herewith, in connection with change in status and designation of subject-named man, effective 21 July, 1941.

E. B. Andrews.

E. B. ANDREWS,
By direction.

TREASURY DEPARTMENT
United States Coast Guard

Date 7 August, 1941.

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, New York District.
To: Commandant.

Name William E. Knapp

Na ture of Action Change in status and designation - increase in salary.

Effective date of change 21 July, 1941.

	FROM	TO
Position	Rivet Holder	Blacksmith's Helper
Pay	$5.92 per diem	$6.56 per diem
Salary Range	None	None
Valuation of Quarters	None	None
Station	St.George Depot, S.I., N.Y.	St.George Depot, S.I., N.Y.

Remarks: This change is reported in accordance with

Department approval dated (perforated in Form 2249) 6-4-41

Signature P. E. SHAW,
By direction.

- -

(This space for use of Headquarters)

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, William E. Knapp
(Name in full, printed or typed), do solemnly swear (or affirm) 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.

William Edward Knapp
(Signature of Appointee)

Subscribed and sworn to before me this 4th day of August, A.D. 1941

at St George, S.I., N.Y.
(City or place) (State)

[SEAL]

Clement H. Lake
Notary Public

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

March 31st, 1942

Position to which appointed Blacksmith's Helper, St.George Depot, S.I., N.Y.

Date of entrance on duty 21 July, 1941.

U.S. GOVERNMENT PRINTING OFFICE 10—1689

AUG 15 1941

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)

Department or Establishment U. S. Coast Guard Date Aug 4, 1941

1. Name in full (Mr., Miss, or Mrs.) Knapp (Surname) William (Given name) Edward (Middle name)
2. Present address 62 Treadwell Ave (Number) (Street) N.Y. (City) N.Y. (State)
3. Legal (voting) residence 11th Dist & Ed N.Y. (State and Congressional District) ~~N.Y.~~ Richmond (County) N.Y. (City or town)
4. Where born Pa (State or foreign country) Phila (City or town) When born Feb 5, 1896 (Month Day Year)
5. If foreign-born, state whether naturalized or alien ~~Canada~~
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 None

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			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	St George	Rivers Waiter	4.80 to 5.76 per day	May	25	1929	4	15	41
U.S. Coast Guard	"	" Helper	5.92	4 ~~Aug~~	16 ~~6~~	41 ~~41~~	7 ~~Jan~~	20	41
		Blacksmith Helper	6.52	7	21	41			

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
	Position Department or office	
	Position Department or office	
	Position Department or office	

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

(Title) (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) (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 May 28/1918 Discharged June 5 1919
Rank 1 Class Private Rank
Organization 313 Inf Co I Organization 79th Div.

Enlisted ~~May 28/18~~ Discharged June 5/19
Rank 1 ~~Class~~ Private Rank
Organization 313 Inf Co I Organization 79th Div.

[OVER]

10—1930

AUG 15 1941

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) [redacted]

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
Fore River Mass	Messenger	1912
Gilbert & Edge Bklyn N.Y.	Riveters Helpers Helper	1913
Brewers Drydock S.I. N.Y.	Acetylene Burner	1913 to 1918
Army	1 class Private	1918 - 1919
S.I. Shipyard S.I. N.Y.	Driller & Tapper	1919 - 1927
U.S. Lighthouse S.I. N.Y.	Riveters Helper	1927 —

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 J. Schroeder

Relationship none Post office address Port Richmond S.I. N.Y.

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

William Edward Knapp

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

U. S. GOVERNMENT PRINTING OFFICE 10—1930

CP-75

1 August, 1941.

From: Commandant.
To: Commander, New York District.

It is requested that the information indicated in the items checked below be furnished Headquarters promptly, with the return of the attached papers, if any.

NAME AND DESIGNATION William E. Knapp, blacksmith's helper.

****(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet in duplicate.
(3) Furnish certified statement of unappointed service in duplicate.
(4) Furnish oath of office in duplicate.
(5) Furnish Civil Service Form 375 in triplicate.
(6) Submit Form SS-66 in duplicate, showing last day served by temporary appointee.
(7) Furnish standard Form 13 in quadruplicate (abstract of official record).
(8) Furnish documentary evidence of date of birth as prescribed in Civil Service Form 2473, attached.
(9) Submit enclosed nominations through the District Civil Service Secretary.
(10) Furnish one copy of certified Form 2806.
(11) Forward promptly address to which retirement pay checks are to be mailed.
****(12) Have the enclosed form signed and returned.
(13) Furnish Form 3464a, Personnel Information Sheet.

N. R. STILES,
By direction.

MAILED
AUG 2 1941

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared May 29, 1941.

Name: Knapp, William E.

From: U. S. Coast Guard

Bureau No.: 5160

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Mgr. Second U. S. Civil Service Dist. 5-27-1941.

Change in status and designation - increase in salary.

	FROM	TO
Position	Rivet Holder	Blacksmith's Helper
Grade	None	None
Salary	$5.92 per diem	$6.56 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York	New York, New York
Post of Duty	Staten Island Base, N. Y.	Staten Island Base, N. Y.
Appropriation	General Expenses, C. G.	General Expenses, C. G.
Allotment		

FIELD ☐ DEPRTMTL ☒ FIELD ☒ DEPRTMTL ☐

EFFECTIVE
Remarks: E.O.D.

APPROPRIATION: Regular

DATE OF BIRTH: 2-5-1896

LEGAL RESIDENCE: New York

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY: | VICE: Augustus J. Hicks (promoted)

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

SUBJECT TO RETIREMENT ACT? Yes, Civil Service

DATE OF OATH

Justification: This is a regular position in the authorized complement of the Base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

DATE APPROVED BY THE SECRETARY.

JUN 19 1941

BUREAU OR DIVISION PERSONNEL FILES

Form 73
TREASURY DEPARTMENT
U.S. Coast Guard

U.S. COAST GUARD
RECD MAY 28 1941

NOMINATION

SECOND U.S. CIVIL SERVICE DIST. MAY 15 1941 REC'D

New York District New York, N. Y. (City) 14 May, 1941. (Date)

Commandant: (Via 2nd Civil Service District)

Action recommended Change in status and designation - increase in pay.

Name William E. Knapp Date of birth 2-5-96 Legal residence N.Y.

	From--	To--
Position	Rivet Holder	Blacksmith Helper ✓
Pay and grade	$5.92 p.d. ✓	$6.56 p.d. ✓
Station	Staten Island Base, N. Y.	Staten Island Base, N. Y.
Appropriation	General Expenses, Coast Guard	General Expenses, Coast Guard

Effective 1 June, 1941)[1] ~~the date of entrance on duty~~, or)as soon thereafter as he enters on duty.

Rank on eligitle list _____ Rating _____ Percentage _____ Other eligibles considered:

Vice Augustus J. Micka Pay $6.24 p.d. Services terminated 31 May, 1941

Reason Promoted.

Remarks:[2] Funds heretofore allotted are available for this increase. This is a regular position in the authorized complement of the Base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

Mr. Knapp is entitled to military (veteran) preference. He has been employed as rivet heater and rivet holder since May 25, 1929, and is considered to be fully qualified to fill this position. In view of his length of service, increase to the maximum rate is recommended.

Application Form 6 executed by Mr. Knapp is attached.

P. E. SHAW,
By direction.

Coast Guard Headquarters, Washington, 19

Submitted to the Secretary of the Treasury, approved,

Second U.S. Civil Service District, Office of the Manager, New York, N.Y. Noted, approved and forwarded. MAY 27 '41 Date

Manager

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

RECEIVED
APR 22 10 16 AM '41
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE S.I.

Treasury Department (Department or Establishment) — U. S. Coast Guard (Bureau or Office)

I, William E. Knapp (Name in full, printed or typed), do solemnly swear (or affirm) 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.

William E Knapp
(Signature of Appointee)

Subscribed and sworn to before me this 21st day of April, A.D. 1941

at St George, S.I. (City or place), New York. (State)

[SEAL]

Clement H. Lake
Notary Public

NOTARY PUBLIC RICHMOND COUNTY CLEMENT H. LAKE

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

Com. Expires March 31st 1942

Position to which appointed Rivet Holder, Staten Island Base, N.Y.

Date of entrance on duty 16 April, 1941.

U.S. GOVERNMENT PRINTING OFFICE 10—1689

MAY 23 1941

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)

RECEIVED
MAY 26 AM
DISTRICT DIRECTOR
ST. GEORGE, N.Y.

Department or Establishment U. S. Coast Guard **Date** April 22 41

1. Name in full (Mr., ~~Miss, or Mrs.~~) Knapp (Surname) William (Given name) Edward (Middle name)
2. Present address 62 Treadwell Ave (Number) (Street) Port Rich. (City) N.Y. (State)
3. Legal (voting) residence New York 11th Dist (State and Congressional District) Rich. (County) N.Y. (City or town)
4. Where born Phila. Pa. (State or foreign country) (City or town) When born Feb 5 1896 (Month Day Year)
5. If foreign-born, state whether naturalized or alien none

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

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			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
~~U. S. Coast Guard~~ ~~Lighthouse~~	St George	Rivet Heater	$5.76 Daily	May	25	1929	4	15	1941
"	"	Rivet Holder	5.92	4	16	1941			

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	
	Position Department or office	
	Position Department or office	

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

— (Title) (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) (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~~ Drafted	May 1917	Discharged	June 5, 1918
Rank	Private 1st Class	Rank	To Remain
Organization	313 Inf.	Organization	Co. D

Enlisted	Drafted May 1917	Discharged	June 6 1918
Rank	Private 1st Class	Rank	To Remain
Organization	313 Inf.	Organization	Co. D

[OVER]

10—1930

MAY 23 1941

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) —

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
Gilbert Edg. Shipyard	Passer Rivet Heater	May 1911 to Oct 1912
Brewers Dry dock Inc	Actlyene Burner	Jan 1913 to Feb 1917
Staten Island Shipbuilders	Tapper, Donny clipper	Sept 1919 to Mar 1928

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 J Schroeder

Relationship Landlady Post office address 62 Treadwell Ave P.P.S.I. N.Y.

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

William E Knapp

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

U. S. GOVERNMENT PRINTING OFFICE 10—1930

75

U. S. COAST GUARD
RECD APR 24 1941

75

Office of Commander
New York District
Room 411, Customhouse
New York, N. Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

New York, N. Y.
23 April, 1941.

From: Commander, New York District.
To: Commandant.

Subject: William E. Knapp, rivet heater; change in status.

Reference: (a) Treasury Department Form 2249, approved 7 April, 1941.

Inclosure: (A) Oath of Office, in duplicate.
(B) Personal History Sheet, in duplicate.

1. Inclosures (A) and (B) are forwarded herewith, in connection with change in status of subject man.

P. E. SHAW,
By direction.

CK FORM 2249

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared April 2, 1941

Name: Knapp, William H.

From: U. S. Coast Guard

Bureau No: 5084

Change in status - increase in pay

	FROM	TO
Position	Rivet Heater	Rivet Holder
Grade	None	None
Salary	$5.76 per diem	$5.92 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York.	New York, New York.
Post of Duty	Staten Island Base, N.Y.	Staten Island Base, N.Y.
Appropriation	General Expenses, C.G.	General Expenses, C.G.
Allotment		
Field or Deptl.	Field	Field

EFFECTIVE April 16, 1941

Remarks:

Justification: This is a regular position in the authorized complement of the base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Mgr. 2nd U. S. Civil Service District letter April 1, 1941

APPROPRIATION

Regular

DATE OF BIRTH

2-8-1896

LEGAL RESIDENCE

New York

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE
	*

*Frank J. Nebel (pro.)

SUBJECT TO RETIREMENT ACT?

Yes, Civil Service

DATE OF OATH

4-4-741

BUREAU OR DIVISION PERSONNEL FILES

APR 17 1941

Form 73
~~DEPARTMENT OF COMMERCE~~
~~Lighthouse Service~~
Approved Sept. 1, 1938

TREASURY DEPARTMENT
U.S.Coast Guard

NOMINATION

U. S. COAST GUARD
REC'D MAR 20 1941
U.S. CIVIL SERVICE DIST. MAR 31 1941 REC'D.

N.Y. ~~LIGHTHOUSE~~ DISTRICT — New York, N. Y. (City) — 19 March (Date), 19 41

Commandant:
~~COMMISSIONER OF LIGHTHOUSES~~

Action recommended: Change in status - increase in pay.

Name: William E. Knapp — Date of birth: 2-5-96 — Legal residence: N.Y.

	From—	To—
Position,	Rivet Heater	Rivet Holder
Pay and grade	$5.76 per diem	~~$6.24~~ 5.97 per diem
Station	Staten Island Base, N. Y.	Staten Island Base, N. Y.
Appropriation	General Expenses, Coast Guard	General Expenses, Coast Guard

Rates 5.92 5.40 5.80

Effective make 16 April, 1941 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Rank on eligible list ____ Rating ____ Percentage ____ Other eligibles considered: ____

Vice Frank J. Nebel — Pay $6.24 p.d. — Services terminated 31 March, 1941

Reason: Change in status.

REMARKS:[2] This is a regular position in the authorized complement of the Base, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

Mr. Knapp is entitled to military (veteran) preference.

He has been employed as rivet heater since 25 May, 1929, during which time he has gained considerable experience in the work required of rivet holder, and he is considered to be fully qualified to fill this position.

~~Selection regular~~ 19

Application Form 6, executed by Mr.Knapp, is attached.

~~Manager, Coast Survey District~~

C. C. GRAY,
Superintendent of Lighthouses.
By direction.

BUREAU OF LIGHTHOUSES, WASHINGTON, , 19

Submitted to the Secretary of Commerce, approved.

#4

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

11—2314

SECOND UNITED STATES CIVIL SERVICE DISTRICT

April 1, 1941

U. S. Coast Guard Headquarters

Re: William E. Knapp
(In file of) Frank J. Nebel

(May 1934) READ PAGE 4 CAREFULLY BEFORE FILLING OUT THIS APPLICATION

UNITED STATES CIVIL SERVICE COMMISSION—TRADES AND SKILLED OCCUPATIONS—APPLICATION FORM 6

EVERY QUESTION IS IMPORTANT AND EACH MUST BE ANSWERED

SELECTION NUMBER

Ann'c't No. ELIGIBLE AVERAGE APP'N NO.

Applicant must fill ALL blanks in this column (typewriter or ink)

Application for position of: Rivet Holder
(Give exact title of examination for which you are applying, as "Blacksmith," "Carpenter," etc.)

Place of employment desired: U.S. Coast Guard Sta., N.Y.
(Name of city) (State)

Legal residence (Give State): N.Y. Date of birth: Feb. 5th 1896

(The address given below will be treated as the applicant's post-office address until notice, in writing, of any change is received)

(WRITE PLAINLY first name in full, middle initial or initials, if any, and surname in full. If a woman prefix "Miss" or "Mrs." and if married, use *your own* Christian name, as "Mrs. *Mary L.* Doe.")

William E. Knapp
(Name)
#62 - Treadwell Ave
(R.D. or street address)
Port Rich., N.Y.
(City or post office) (State)

APPLICANT WILL NOT FILL THE FOLLOWING

Exam. date
Approved by
Admit'd exam
Notif'd rating
Date reg.
Rating: ELIGIBLE
Preference
Total

☐ Apportioned. ☐ Nonapportioned. ☐ 1650 sent. ☐ An Indian. ☐ Mat'l filed. ☐ Mat'l ret'd. ☐ Mat'l att'd. ☐ Over age if no pref. ☐ Military service but no proof. Preference: Allowed— ☐ Pref. ☐ Disability. ☐ Widow. ☐ Wife. ☐ Disallowed. ☐ Closed. ☐ Army. ☐ Navy. ☐ Marine C. ☐ C.G. ☐ No proof grad. ☐ Note fam.

Initials of Examiners

APR 1 1941

Any false statement in this application, which is under oath, alteration of a certificate, or the presentation to the Commission of a paper containing such false statement or alteration, is a violation of the law and is punishable as such.

Any of the following may delay or nullify your opportunity for appointment: (1) Failure to furnish any additional forms that may be required in the examination announcement; (2) Failure to answer properly all questions on this application and on any other additional forms required; (3) Failure to furnish with this application proof of United States citizenship, if foreign born; (4) Failure to furnish material or photograph with this application form, if called for in examination announcement; (5) Failure to furnish all the information required under question relating to arrest, etc.; (6) Failure to have jurat (or oath) properly executed. Omit reference to religion, politics, or fraternal orders. Answers should be typewritten if practicable; if not, they must be in ink. Read page 4 carefully before filling out this application.

In case of emergency necessitating immediate certification, the Commission reserves the right to certify eligibles for appointment who have complied with all the requirements in the application blank. It is, therefore, highly important that your application be completely and correctly filled out before it is sent to the Commission.

1. **Are you a citizen of the United States?** Yes — Naturalized citizens must submit naturalization certificate with application; other foreign born, documentary proof of citizenship.

2. **Where were you born?** (a) Pa. (State or Territory, if American born) (b) — (Country, if foreign born)

3. **What is the date of your birth?** Feb. (Month) 5 (Day) 1896 (Year)

4. (a) **In what State or Territory do you reside?** N.Y.
   (b) **In what county?** N.Y.C. Richmond
   (c) **How long have you resided there?** 45 yrs.

5. **What is your height, without shoes?** 5 feet 9 3/4 inches.

6. **What is your weight, without overcoat or hat?** 170 pounds.

7. **What is the lowest entrance pay you will accept?** $ 6.24
   Registers may be used for allied positions at salaries other than that specified in the announcement. You will not be certified to positions paying less than the amount given in answer.

8. **Will you accept appointment anywhere in the United States?** No (Yes or No)
   If answer is "No," state acceptable localities.
   N.Y.

9. **Will you accept temporary appointment for six months?** No (Yes or No)
   Answer all three parts of this question
   For three months? No (Yes or No)
   For one month? No (Yes or No)

10. **Have you ever been discharged or forced to resign from any position?** No (Yes or No)
    If answer is "Yes," state when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.
    ✓

11. **Within the past 12 months, have you used intoxicating beverages?** No (Yes or No)

12. **Within the past 12 months, have you used intoxicating beverages habitually?** No (Yes or No)
    To excess? No (Yes or No)

    READ CAREFULLY.—An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

13. **Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for an alleged breach or violation of any law or police regulation or ordinance whatsoever?** No (Yes or No)
    If so, list all the cases without any exception whatsoever on a sheet attached, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. If appointed, your fingerprints will be taken.

READ PAGE 4 CAREFULLY BEFORE ANSWERING QUESTIONS 14 AND 15

14. **To the best of your knowledge, do you have any of the following physical defects: Mental disease, convulsions or fits, tuberculosis, epilepsy, asthma, venereal disease, or any other defect or disability?** No (Yes or No)

15. **What diseases or physical defects, whether or not listed in Question 14, do you now have?** none (If none, write *none*)

16. **Do you receive pension or retired pay for any disability?** No (Yes or No)
    If so, in what amount? ✓ **What is percentage of disability?** ✓
    From what source is allowance received? ✓
    Give the name and address of the office from which you receive your checks ✓

17. (a) **Were you ever in the military or naval service?** Yes (Yes or No)
    (b) **Do you claim military preference?** Yes (Yes or No)
    If you claim military preference, you should obtain Form 14 and submit it with the evidence required therein.

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If you claim preference for the Indian Service as an Indian, it will not be allowed unless you obtain and file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one fourth Indian blood.

18. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including periods of apprenticeship and your present employment, and accounting for all periods of unemployment.

WHEN EMPLOYED From (Month and year)	WHEN EMPLOYED To (Month and year)	Number of years	KIND OF WORK DONE IN EACH POSITION (Use as many lines for each answer as you need. It is important that your answers be fully and clearly stated)	AMOUNT OF PAY OR INCOME	BY WHOM AND WHERE EMPLOYED (Give name of person, firm, or corporation owning or conducting the business, and city, State, and street address of business)	CAUSE OF LEAVING (If dismissed, make detailed statement and attach)
Mar. 1914	Oct 12	1½	Riverheater & passer	17¢ hr	Gilbert & Edge Bklyn	Lack of work
Jan 1913	1st 1917	4	Brewers dry dock S.I.	81½ hr	Actheylene Burner	" "
1917	1918		~~Sisco~~ Burner	72 hr	(torch Burner) Sisco S.I.	" "
May 28 18	1918				U. S. Army	
Sept 1919	Mar 1928		drilling, tapping hand rivers, chipping, corking	80¢	S.I. Shipbuilding SI	" "
May 25	1929		called to the Lighthouse Dept. as Rivet Heater			

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Form 1800 b
Dec., 1931

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned at once, if possible, in order that the applicant's papers may be rated promptly. The inclosed "penalty" envelope may be used for that purpose. It should be returned to the official named on the back of this form.

STATEMENT OF PERSON TO WHOM THIS INQUIRY IS ADDRESSED

I HEREBY CERTIFY that I am more than 21 years of age; that my occupation is Arc. welder that for 11 years I have known William E. Knapp, the applicant named hereon; and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? Rivet heater
2. How long has he served at his trade or occupation? 11 years

3. (a) Is he at present employed? (b) If so, by whom, at what trade or occupation, and at what salary? (a) Yes (b) U.S. Coast Guard Staten Island Base

4. Have you ever employed or worked with the applicant? Yes If so, (a) where? U.S. Coast Guard S.I. N.Y. (b) How long (give dates)? May 25th 1929 to present (c) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? Rivet heater (d) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: 11 years ____ months. (e) Is applicant especially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") Yes If so, state in what branch Rivet holder

5. If the applicant was employed in the capacity of helper, were his duties equivalent to those performed by an apprentice or journeyman in the particular trade? Yes

6. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left. —

7. If you have employed or worked with the applicant in the trade or occupation in which he seeks employment, state fully as such employer or fellow workman your views with respect to (a) the skill, (b) the carefulness, (c) the industry, and (d) the rapidity or general efficiency of the applicant in such trade or occupation.
(a) good
(b) good
(c) good
(d) good

8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks. has very good experience in Rivet holding

9. What schooling has the applicant had? (a) If less than high school, state grade completed 7 grade (b) If high school or technical school, state how many years finished ____ If graduated from a 3 or 4 year course in technical school, so state, and name the school

10. (To be answered only in connection with application for apprentice.) Has the applicant, in your opinion, an aptitude for learning a trade?

11. To what extent would you yourself give the applicant employment in a position similar to that which he seeks? Rivet holder

12. (a) Are you related to the applicant? (b) If so, state the relationship. (a) no (b) —

13. (a) Does the applicant use intoxicating liquors or harmful drugs? (b) If so, specify which and to what extent. (a) no (b) —

14. What is his general reputation and standing in the community in which he resides? good

15. (a) Have you ever discharged the applicant from any employment? —
(b) If so, for what reason? —
(c) Was the applicant duly notified of the reason for discharge? —
(d) Have you any knowledge that the applicant has ever been discharged from any employment? no
(e) If so, for what reason discharged? —
(f) Please give full particulars if the applicant was to your knowledge ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason? —

16. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate? By working with the applicant

17. Add any other facts relative to his fitness or unfitness. —

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).
(NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.)

(Signature of reference) Adam A. Kaczala
(Post office address) 19 Innis St S.I. N.Y.

Date March 17th 1941

U. S. GOVERNMENT PRINTING OFFICE: 1931 10-400

Form 1800 b
Dec., 1931

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned at once, if possible, in order that the applicant's papers may be rated promptly. The inclosed "penalty" envelope may be used for that purpose. It should be returned to the official named on the back of this form.

STATEMENT OF PERSON TO WHOM THIS INQUIRY IS ADDRESSED

I HEREBY CERTIFY that I am more than 21 years of age; that my occupation is Foreman.....
that for 12 years I have known William E. Knauff....., the applicant named hereon;
and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? — Rivet heater
2. How long has he served at his trade or occupation? — 12 years

3. (a) Is he at present employed? (b) If so, by whom, at what trade or occupation, and at what salary? — (a) yes — (b) U.S. Coast Guard Staten Island Base

4. Have you ever employed or worked with the applicant? yes If so, (a) where? U.S.C.G. Staten Island Base
(b) How long (give dates) From Aug 26-1919 to present time (c) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? Rivet Heater (d) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: 12 years ..... months. (e) Is applicant especially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") yes If so, state in what branch Rivet Holder

5. If the applicant was employed in the capacity of helper, were his duties equivalent to those performed by an apprentice or journeyman in the particular trade? yes

6. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left. —

7. If you have employed or worked with the applicant in the trade or occupation in which he seeks employment, state fully as such employer or fellow workman your views with respect to (a) the skill, (b) the carefulness, (c) the industry, and (d) the rapidity or general efficiency of the applicant in such trade or occupation.
(a) good
(b) good
(c) good
(d) good

8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks. — Holding rivets - running Plate shop machine and drill press helping boiler makers and blacksmiths and running air machines

9. What schooling has the applicant had? (a) If less than high school, state grade completed ?; (b) If high school or technical school, state how many years finished ? If graduated from a 3 or 4 year course in technical school, so state, and name the school ?

10. (To be answered only in connection with application for apprentice.) Has the applicant, in your opinion, an aptitude for learning a trade? —

11. To what extent would you yourself give the applicant employment in a position similar to that which he seeks? — any Extent

12. (a) Are you related to the applicant? (b) If so, state the relationship. — (a) no — (b) —

13. (a) Does the applicant use intoxicating liquors or harmful drugs? (b) If so, specify which and to what extent. — (a) no — (b) none as far as I know

14. What is his general reputation and standing in the community in which he resides? — very good

15. (a) Have you ever discharged the applicant from any employment? no
(b) If so, for what reason? —
(c) Was the applicant duly notified of the reason for discharge? —
(d) Have you any knowledge that the applicant has ever been discharged from any employment? no
(e) If so, for what reason discharged? —
(f) Please give full particulars if the applicant was to your knowledge ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason? —

16. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate? — Foreman of shop where he is now employed

17. Add any other facts relative to his fitness or unfitness. —

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).
(NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.)

(Signature of reference) P.R. Kreidler
(Post office address) 241 Pelton ave Staten Island NY

Date March 18, 1941

U. S. GOVERNMENT PRINTING OFFICE: 1931 16—4

Form 1800 b
Dec., 1931

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned at once, if possible, in order that the applicant's papers may be rated promptly. The inclosed "penalty" envelope may be used for that purpose. It should be returned to the official named on the back of this form.

STATEMENT OF PERSON TO WHOM THIS INQUIRY IS ADDRESSED

I HEREBY CERTIFY that I am more than 21 years of age; that my occupation is Boiler Makes that for 12 years I have known William Knapp, the applicant named hereon; and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? Rivet Heater
2. How long has he served at his trade or occupation? 11 or 12 Years
3. (a) Is he at present employed? (b) If so, by whom, at what trade or occupation, and at what salary? (a) Yes (b) U.S. Coast Guard Station Island N.J.
4. Have you ever employed or worked with the applicant? Yes If so, (a) where? Coast Guard Base, Staten Island (b) How long (give dates)? Year 1930 (c) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? Rivet Heater (d) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: 11 years ____ months. (e) Is applicant especially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") Yes If so, state in what branch Rivet Holder
5. If the applicant was employed in the capacity of helper, were his duties equivalent to those performed by an apprentice or journeyman in the particular trade? Yes
6. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left. —
7. If you have employed or worked with the applicant in the trade or occupation in which he seeks employment, state fully as such employer or fellow workman your views with respect to (a) the skill, (b) the carefulness, (c) the industry, and (d) the rapidity or general efficiency of the applicant in such trade or occupation.
   (a) Fair
   (b) Good
   (c) Good
   (d) Good
8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks. Holding Rivets Army air Wacting Helping Boilermaker
9. What schooling has the applicant had? (a) If less than high school, state grade completed. Don't Know (b) If high school or technical school, state how many years finished ____ If graduated from a 3 or 4 year course in technical school, so state, and name the school Don't Know Don't Know
10. (To be answered only in connection with application for apprentice.) Has the applicant, in your opinion, an aptitude for learning a trade? Yes
11. To what extent would you yourself give the applicant employment in a position similar to that which he seeks? Same Boiler Makes
12. (a) Are you related to the applicant? (b) If so, state the relationship. (a) no (b) only fellow Craftsman
13. (a) Does the applicant use intoxicating liquors or harmful drugs? (b) If so, specify which and to what extent. (a) Yes (b) moderate
14. What is his general reputation and standing in the community in which he resides? good
15. (a) Have you ever discharged the applicant from any employment? —
    (b) If so, for what reason? —
    (c) Was the applicant duly notified of the reason for discharge? —
    (d) Have you any knowledge that the applicant has ever been discharged from any employment? —
    (e) If so, for what reason discharged? —
    (f) Please give full particulars if the applicant was to your knowledge ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason?
16. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate? as my Helper on and off
17. Add any other facts relative to his fitness or unfitness.

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).
(NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.)

(Signature of reference) John Stetz
(Post office address) 115 Monroe ave Pamptown all

Date March 18, 1941

U. S. GOVERNMENT PRINTING OFFICE: 1931 16—400

NJ

Form 1800 b
Dec., 1931

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned at once, if possible, in order that the applicant's papers may be rated promptly. The inclosed "penalty" envelope may be used for that purpose. It should be returned to the official named on the back of this form.

STATEMENT OF PERSON TO WHOM THIS INQUIRY IS ADDRESSED

I HEREBY CERTIFY that I am more than 21 years of age; that my occupation is Boilermaker; that for 12 years I have known Wm. E. Knapp, the applicant named hereon; and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? Rivet Heater
2. How long has he served at his trade or occupation? 12 yrs.
3. (a) Is he at present employed? (b) If so, by whom, at what trade or occupation, and at what salary? (a) yes (b) U. S. Coast Guard as Rivet Heater @ $6.72 per diem
4. Have you ever employed or worked with the applicant? Yes If so, (a) where? U. S. Coast Guard
   (b) How long (give dates)? 1929 until present (c) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? Rivet Heater (d) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: 12 apprx months. (e) Is applicant especially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") Yes If so, state in what branch Rivet Holder
5. If the applicant was employed in the capacity of helper, were his duties equivalent to those performed by an apprentice or journeyman in the particular trade?
6. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left. Do not know. Has not left present employ
7. If you have employed or worked with the applicant in the trade or occupation in which he seeks employment, state fully as such employer or fellow workman your views with respect to (a) the skill, (b) the carefulness, (c) the industry, and (d) the rapidity or general efficiency of the applicant in such trade or occupation.
   (a) Good
   (b) Good
   (c) Good
   (d) Good
8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks. At various times has substituted for helper or rivet holder when such helper or rivet holder was absent or ill
9. What schooling has the applicant had? (a) If less than high school, state grade completed Dont know (b) If high school or technical school, state how many years finished ---- If graduated from a 3 or 4 year course in technical school, so state, and name the school
10. (To be answered only in connection with application for apprentice.) Has the applicant, in your opinion, an aptitude for learning a trade? ?
11. To what extent would you yourself give the applicant employment in a position similar to that which he seeks? ?
12. (a) Are you related to the applicant? (b) If so, state the relationship. (a) No (b)
13. (a) Does the applicant use intoxicating liquors or harmful drugs? (b) If so, specify which and to what extent. (a) No (b) Occasional drink
14. What is his general reputation and standing in the community in which he resides? Good
15. (a) Have you ever discharged the applicant from any employment? No
    (b) If so, for what reason?
    (c) Was the applicant duly notified of the reason for discharge?
    (d) Have you any knowledge that the applicant has ever been discharged from any employment? No
    (e) If so, for what reason discharged?
    (f) Please give full particulars if the applicant was to your knowledge ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason? Have no knowledge of such
16. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate? Through association
17. Add any other facts relative to his fitness or unfitness.

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).
(NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.)

(Signature of reference) Leonard L. Lerick
(Post office address) Staten Island, New York

Date March 18, 1941

U. S. GOVERNMENT PRINTING OFFICE: 1931 4—400

Form 1800 b
Dec., 1931

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—TRADES AND SKILLED OCCUPATIONS

The person to whom this form is sent is requested to answer as fully and specifically as possible all the questions hereon. Avoid any allusion to politics, religion, or fraternal orders. The completed form should be returned at once, if possible, in order that the applicant's papers may be rated promptly. The inclosed "penalty" envelope may be used for that purpose. It should be returned to the official named on the back of this form.

STATEMENT OF PERSON TO WHOM THIS INQUIRY IS ADDRESSED

I HEREBY CERTIFY that I am more than 21 years of age; that my occupation is Boiler Maker that for 25 years I have known William E. Knapp, the applicant named hereon; and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? Rivet Heater
2. How long has he served at his trade or occupation? About 25 years
3. (a) Is he at present employed? (b) If so, by whom, at what trade or occupation, and at what salary? (a) Yes (b) U.S. Coast Guard N.Y. as Rivet heater @ $6.75 per day
4. Have you ever employed or worked with the applicant? Yes If so, (a) where? U.S. Lighthouse Depot (b) How long (give dates)? 12 years (c) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? he helped me (d) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: 6 years 6 months. (e) Is applicant especially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") Yes If so, state in what branch Rivet Holder
5. If the applicant was employed in the capacity of helper, were his duties equivalent to those performed by an apprentice or journeyman in the particular trade? Yes
6. If the applicant has left your employ, or that of any of the persons or firms by which you are or have been employed, state fully in each case when and why he left. Is still in the Employ of U.S. Coast Guard
7. If you have employed or worked with the applicant in the trade or occupation in which he seeks employment, state fully as such employer or fellow workman your views with respect to (a) the skill, (b) the carefulness, (c) the industry, and (d) the rapidity or general efficiency of the applicant in such trade or occupation. (a) Excellent (b) " (c) " (d) "
8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks. He has had a good many years of experience before he came into the Government Service
9. What schooling has the applicant had? (a) If less than high school, state grade completed ?; (b) If high school or technical school, state how many years finished ? If graduated from a 3 or 4 year course in technical school, so state, and name the school ?
10. (To be answered only in connection with application for apprentice.) Has the applicant, in your opinion, an aptitude for learning a trade?
11. To what extent would you yourself give the applicant employment in a position similar to that which he seeks? Would Employ him at all times
12. (a) Are you related to the applicant? (b) If so, state the relationship. (a) No (b) —
13. (a) Does the applicant use intoxicating liquors or harmful drugs? (b) If so, specify which and to what extent. (a) No (b) —
14. What is his general reputation and standing in the community in which he resides? Excellent
15. (a) Have you ever discharged the applicant from any employment? No
    (b) If so, for what reason? —
    (c) Was the applicant duly notified of the reason for discharge? —
    (d) Have you any knowledge that the applicant has ever been discharged from any employment? No
    (e) If so, for what reason discharged? —
    (f) Please give full particulars if the applicant was to your knowledge ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason? —
16. How have you obtained your knowledge of the applicant with respect to the information which you have given in this certificate? By working with him
17. Add any other facts relative to his fitness or unfitness. He is sober industrious and a good workman.

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).
(NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.)

(Signature of reference) Edward Blaszeuicz

(Post office address) 62 Watchogue Rd Westerleigh S.I. N.Y.

Date March 17, 1941

U.S. GOVERNMENT PRINTING OFFICE: 1932 16—400

The information given under Question 19 will not affect eligibility for examination but will be useful to the Commission in expediting the handling of applications.

19. (a) Name each examination for which you have filed application with the Commission or any of its offices. (If none, write "None.") None

(b) In what cities were you examined? ✓

(c) Give the date of each examination. ✓

(d) Which examinations did you pass? ✓

(e) Are you now employed by the Federal Government? Yes
Yes or No

WHEN TO FURNISH PHOTOGRAPH HERE

If the announcement of the examination for which you are applying requires a photograph, PASTE IN THIS SPACE a photograph of yourself taken within the past two years, not a group photograph or proof, and not larger than 2½ inches square.

SEE EXAMINATION ANNOUNCEMENT

20. Give as references the names and complete addresses of FIVE persons now living in the United States who are COMPETENT to judge your experience in and fitness for the trade or occupation in which you seek employment. The names should be of persons not related to you. IF POSSIBLE, THEY SHOULD BE OF PERSONS UNDER WHOM YOU HAVE WORKED, particularly in the trade or occupation for which this application is filed; but if you can not name employers, foremen, or other supervisors, then fellow employees or persons engaged in the same trade or occupation as yourself may be named if they have knowledge of your experience and fitness. If no replies are received from such COMPETENT references, your application will not be approved. (Applicants outside the continental limits of the United States should give the names of persons as near as possible to the office at which the application is filed.)

Name (Give full name)	Present address (Give complete address, including street and number)	Business or occupation
E. Blazewicz	U.S. Coast Guard.	Boiler maker
J. Stetzer	U.S — — —	Boiler maker
A. Karzak.	U.S — — —	Arc. Welder
L. Serrick	U.S — — —	Boiler Maker
T. Kreddler	U.S — — —	Foreman

21. Have you any objection to the Commission making inquiry regarding your character, qualifications, etc., of your *present* employer? . . . . . No
Yes or No

22. Give in the blanks below a detailed statement of your education, including dates:

(a) Elementary school; Attended from 1901, to 1908 Highest grade completed 7th

(b) High school: Name and location ✓

Attended from ____, 1____, to ____, 1____ Highest grade completed ____ Were you graduated? ____

(c) Trade or technical school, or college; Name and location ✓

Attended from ____, 1____, to ____, 1____ Highest year completed ____ Were you graduated? ____

Kind of course pursued ____

23. (a) Are any members of your family or relatives (either blood or by marriage) in any part of the U. S. Government service whatsoever? . . . . No
Yes or No

(b) If so, furnish the information required below in regard to all such relatives.

Name	Post-office address	Position and department or office in which employed	Relationship	Married or single
	Street and No.	Position		
	City or town	Department or office		
	Street and No.	Position		
	City or town	Department or office		
	Street and No.	Position		
	City or town	Department or office		

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in this application, and on all other forms filed in connection with this application, are full and true to the best of my knowledge and belief; SO HELP ME GOD.

If female prefix "Miss" or "Mrs.," and if married, use your *own* Christian name, as "Mrs. *Mary L.* Doe."

(*Signature of applicant*) William E. Knapp
(Sign WITH PEN AND INK your first name in full, your middle initial or initials, if you have any, and your surname in full)

JURAT OR OATH.—This application will not be accepted if the jurat or oath is omitted.

The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths, before whom the applicant must appear in person.

Subscribed and duly sworn to before me according to law by the above-named applicant, this 17th day of March, 1941, at city [or town] of St George, S.I. county of Richmond, and State [or Territory or District] of New York

Signature of officer Clement H. Lake

(*Official title*) Notary Public

OP 75

29 March, 1941.

From: Commandant.
To: Commander, New York District.

Subject: Frank J. Nebel, rivet holder.
William E. Knapp, rivet heater.

Reference: (a) Forms 73 dated 19 March, 1941.

1. Your nominations, reference (a), were forwarded by your office directly to Headquarters rather than through the office of the District Civil Service Manager and, therefore, were returned to the District Civil Service Manager by Headquarters for rating.

2. In Nebel's case promotion was proposed from $6.24 to boilermaker at $8.88 per diem; in Knapp's case from $5.76 to rivet holder at $6.24 per diem. The minimum rate for boilermaker is $7.92 per diem and your nomination was amended to show that rate. The minimum rate for rivet holder (holder on) is $5.92 per diem, and the nomination of Knapp was amended to show the latter rate.

3. Both cases will receive prompt attention and action in Headquarters when received with the District Manager's indorsement after being rated by his office.

By direction,

N. R. STILES,
Assistant Personnel Officer.

MAILED
MAR 31 1941
MAIL DESK

RSTOR

Form 78

U. S. COAST GUARD (3)
RECD APR 19 1940 By
4939

75

FILE
I. & B.

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

~~TREASURY DEPARTMENT~~
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U. S. Coast Guard

~~OFFICE OF SUPERINTENDENT OF LIGHTHOUSES~~, New York DISTRICT,
New York, N. Y.
18 April, 1940, 193

Name of vessel, station, or other aid to navigation involved: William E. Knapp, Rivet Heater, Coast Guard Depot, Staten Island, N.Y.

Date of accident: 16 April, 1940.

Nature and cause of accident: Using Stillson wrench, wrench slipped, neck strained or wrenched.

Estimated cost of damage { to property of the Department: $
to private property: $

U. S. COAST GUARD
REC'D APR 20 1940
MEDICAL SECTION
BY

What steps have been taken to recover cost of damage to Department property?

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
William E. Knapp	Rivert Heater	Neck sprained or wrenched.	No

Remarks or recommendations: Forms C.A.1, C.A.2 and C.A.3 will be forwarded later to the U. S. Employees' Compensation Commission.

E. T. OSBORN
~~Superintendent of Lighthouses~~
By direction.

Date .....

Submitted, in duplicate, to the Secretary of Commerce, for his information.

For the Commissioner.

.....
Deputy Commissioner.

11—11418

U. S. GOVERNMENT PRINTING OFFICE 16—15468-1

Knapp, William E.

UNITED STATES COAST GUARD

CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE
Olathe 720-814									
[illegible]									
Rantoul 3/3/43									
[illegible]									
[illegible]									

DEPT. STOCK FORM 2249
REV. 12-41

NAVY

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared February 16, 1945

Name: Knapp, William E. Mr.

From: U. S. Coast Guard

Bureau No.:

Effective: Close January 30, 1945 Resignation (Paid for 31 days and 6 hours annual leave from January 31, 1945 through 6 hours on March 16,1945).

	FROM 5160	TO
Position	Blacksmith Helper (HF)	
Grade	None	
Salary	$7.52 per diem	
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New York, N. Y.	
Post of Duty	Staten Island Base, N.Y.	
Appropriation	General Expenses, C.G.	
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks: It is noted you state you resigned on advise of your physician that the work was too heavy.

Justification: Mr. Knapp was last in a duty status on January 30, 1945. His letter of resignation is attached.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-5-96

LEGAL RESIDENCE: N.Y.

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Yes, Civil Service

DATE OF OATH

DATE APPROVED BY THE DEPARTMENT

SUBORDINATE ADMINISTRATIVE OFFICE

RESIGNATION FORM
UNITED STATES COAST GUARD
NAVCG-2795 (9-44)

DATE:

I hereby tender my resignation effective at the expiration of my annual leave, if any.

NAME	GRADE	SALARY
WILLIAM E. KNAPP	Blacksmith Helper	$7.52 per diem
DIVISION OR STATION	**SECTION**	**EFFECTIVE DATE**
Staten Island Base, N. Y.	Blacksmith Shop	close 1-30-45

REASON FOR RESIGNING Work too heavy; advised by physician to seek lighter work.

WILLIAM E. KNAPP
(Signature of employee)

COMMENTS BY SUPERVISOR(S)

INDORSEMENT - 1
TO THE COMMANDANT (PCP) via DCGO
Forwarded, recommending acceptance, *

DATE 1 February, 1945

A. H. HYLTON
Lieut. Commander
(Signature, head of Division or Station)

DATA FOR SEPARATION ACTION

	DAYS OR DATES	HOURS	
LAST DAY WORKED	1-30-45	7	NUMBER OF HOURS OF LEAVE WITHOUT PAY ON DATE OF SEPARATION —
EARNED ANNUAL LEAVE TO CREDIT	1-30-45	271	
ANNUAL LEAVE EXPIRES	3-16-45	6	Lillian Himmelfarb *(Signature of leave clerk)*

NAME OF DISTRICT OR INDEPENDENT UNIT

DATE 1 February, 1945

INDORSEMENT - 2
TO THE COMMANDANT (PCP)
Forwarded, recommending acceptance *

T. J. CURTIN, Lieut. (jg)
Civilian Personnel
(For DCGO or C.O. Independent Unit)

*If acceptance of resignation is not recommended, state clearly and in detail the reasons why different action is proposed.

Standard Form No. 51, Rev.
Approved Dec. 1943
C. S. C. Dept. Cir. No. 458

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL or TRIAL PERIOD ( )

As of 30 June, 1944 based on performance during period from 1 January 1944 to 30 June, 1944

William E. Knapp (Name of employee) — Blacksmith Helper (Title of position, service, and grade)

U.S. Coast Guard, DCGO, 3rd ND, Staten Island Base, New York, N. Y. (Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE		CHECK ONE:
V if adequate – if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in *italics*.	Administrative, supervisory, or planning ☐ All others ☑

V (1) Maintenance of equipment, tools, instruments.
V (2) Mechanical skill.
(3) Skill in the application of techniques and procedures.
(4) Presentability of work (appropriateness of arrangement and appearance of work).
(5) Attention to broad phases of assignments.
V (6) Attention to pertinent detail.
(7) Accuracy of operations.
(8) Accuracy of final results.
(9) Accuracy of judgments or decisions.
(10) Effectiveness in presenting ideas or facts.
V (11) Industry.
V (12) Rate of progress on or completion of assignments.
(13) Amount of acceptable work produced. (Is mark based on production records?) (Yes or no)
(14) Ability to organize his work.
(15) Effectiveness in meeting and dealing with others.
V (16) Cooperativeness.
(17) Initiative.
(18) Resourcefulness.
V (19) Dependability.
V (20) Physical fitness for the work.

(21) *Effectiveness in planning broad programs.*
(22) *Effectiveness in adapting the work program to broader or related programs.*
(23) *Effectiveness in devising procedures.*
(24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
(25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
(26) *Effectiveness in instructing, training, and developing subordinates in the work.*
(27) *Effectiveness in promoting high working morale.*
(28) *Effectiveness in determining space, personnel, and equipment needs.*
(29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
(30) *Ability to make decisions.*
(31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

(A)
(B)
(C)

STANDARD Deviations must be explained on reverse side of this form	*Adjective rating*	*Adjective rating*
Plus marks on all underlined elements, and no minus marks	Excellent	Rating official G
Plus marks on at least half of the underlined elements, and no minus marks	Very good	
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks	Good	Reviewing official G
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks	Fair	
Minus marks on at least half of the underlined elements	Unsatisfactory	

Rated by Fred A Stevens (Signature of rating official) — Lieut (jg) (Title) — 9/15/44 (Date)

Reviewed by P Sedarholm (Signature of reviewing official) — Lieut Comdr (Title) — 9-19-44 (Date)

Rating approved by efficiency rating committee ____ (Date) Report to employee ____ (Adjective rating)

16—26177-2

ard Form No. 51, Rev.
pproved Dec. 1948
S. C. Dept. Cir. No. 458

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL ~~or~~ TRIAL PERIOD ( )

As of 31 Dec. 1944 based on performance during period from 1 July 1944 to 31 Dec. 1944

William E. Knapp
(Name of employee)

Blacksmith's Helper
(Title of position, service, and grade)

U. S. Coast Guard, DCGO, 3ND, St. George Depot, S. I., N. Y.
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE		CHECK ONE:
V if adequate – if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. *a.* Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions. *b.* Rate administrative, supervisory, and planning functions on elements in *italics*.	Administrative, supervisory, or planning ☐ All others ☒

✓ (1) Maintenance of equipment, tools, instruments.
✓ (2) Mechanical skill.
_____ (3) Skill in the application of techniques and procedures.
_____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
_____ (5) Attention to broad phases of assignments.
✓ (6) Attention to pertinent detail.
_____ (7) Accuracy of operations.
_____ (8) Accuracy of final results.
_____ (9) Accuracy of judgments or decisions.
_____ (10) Effectiveness in presenting ideas or facts.
= (11) Industry.
= (12) Rate of progress on or completion of assignments.
_____ (13) Amount of acceptable work produced. (Is mark based on production records? _____) (Yes or no)
_____ (14) Ability to organize his work.
_____ (15) Effectiveness in meeting and dealing with others.
= (16) Cooperativeness.
_____ (17) Initiative.
_____ (18) Resourcefulness.
= (19) Dependability.
✓ (20) Physical fitness for the work.

_____ (21) *Effectiveness in planning broad programs.*
_____ (22) *Effectiveness in adapting the work program to broader or related programs.*
_____ (23) *Effectiveness in devising procedures.*
_____ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
_____ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
_____ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
_____ (27) *Effectiveness in promoting high working morale.*
_____ (28) *Effectiveness in determining space, personnel, and equipment needs.*
_____ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
_____ (30) *Ability to make decisions.*
_____ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

_____ (A) _____
_____ (B) _____
_____ (C) _____

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating
Plus marks on all underlined elements, and no minus marks	Excellent
Plus marks on at least half of the underlined elements, and no minus marks	Very good
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks	Good
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective rating

Rating official Unsatisfactory √

Reviewing official U

Rated by Fred A Sawyer (Signature of rating official) Lieut (Title) 3/8/45 (Date)

Reviewed by P Pedersen (Signature of reviewing official) Lt Comdr USCG (Title) 3/9/45 (Date)

Rating approved by efficiency rating committee _____ (Date) Report to employee _____ (Adjective rating)

16—26177-2

Standard Form No. 51
Appr. Jan. 5, 1942
C. S. C. Dept. Cir. No. 302

REPORT OF EFFICIENCY RATING

REGULAR (X); INTERIM ( ); PROBATIONARY—1ST ( ) 2D ( )

Classification Symbols		
(Service)	(Grade)	(Class)

As of 31 December, 1943 based on performance during period from 1 July, 1943 to 31 December, 1943

William E. Knapp	Blacksmith's Helper	U. S. Coast Guard
(Name of employee)	(Title of position)	(Bureau)

DCGO, 3rd Naval District		Staten Island Base	New York
(Division)	(Section)	(Subsection or unit)	(Field office)

ON LINES BELOW MARK EMPLOYEE

V if adequate
— if weak
+ if outstanding

1. Underline the elements which are especially important in the position.
2. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning employees on all elements pertinent to the position whether in *italics* or not.
3. Before rating, become thoroughly familiar with instructions in the rating manual.

CHECK ONE:

Administrative, supervisory, or planning ☐
All others ☑

- ✓ (1) Maintenance of equipment, tools, instruments.
- ✓ (2) Mechanical skill.
- ___ (3) Skill in the application of techniques and procedures.
- ___ (4) Presentability of work (appropriateness of arrangement and appearance of work).
- ___ (5) Attention to broad phases of assignments.
- ✓ (6) Attention to pertinent detail.
- ___ (7) Accuracy of operations.
- ___ (8) Accuracy of final results.
- ___ (9) Accuracy of judgments or decisions.
- ___ (10) Effectiveness in presenting ideas or facts.
- ✓ (11) Industry.
- ✓ (12) Rate of progress on or completion of assignments.
- ___ (13) Amount of acceptable work produced. (Is mark based on production records? ___ (Yes or no))
- ___ (14) Ability to organize his work.
- ___ (15) Effectiveness in meeting and dealing with others.
- ✓ (16) Cooperativeness.
- ___ (17) Initiative.
- ___ (18) Resourcefulness.
- ✓ (19) Dependability.
- ✓ (20) Physical fitness for the work.
- ___ (21) *Effectiveness in planning broad programs.*
- ___ (22) *Effectiveness in adapting the work program to broader or related programs.*
- ___ (23) *Effectiveness in devising procedures.*
- ___ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
- ___ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
- ___ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
- ___ (27) *Effectiveness in promoting high working morale.*
- ___ (28) *Effectiveness in determining space, personnel, and equipment needs.*
- ___ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
- ___ (30) *Ability to make decisions.*
- ___ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

- ___ (A) ___
- ___ (B) ___
- ___ (C) ___

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating	Numerical rating
All underlined elements marked plus, and no element marked minus	Excellent	1
A majority of underlined elements marked plus, and no element marked minus	Very good	2 or 3
All underlined elements marked at least with a check, and minus marks fully compensated by plus marks, or—a majority of underlined elements marked at least with a check, and minus marks on underlined elements overcompensated by plus marks on underlined elements	Good	4, 5, or 6
A majority of underlined elements marked at least with a check, and minus marks not fully compensated by plus marks	Fair	7 or 8
A majority of underlined elements marked minus	Unsatisfactory	9

	Adjective rating	Numerical rating
Rating official	G	5
Reviewing official	G	5

On the whole, do you consider the conduct of this employee to be satisfactory? yes (Yes or no) (See back of form)

Rated by Fred L Sawyer (Signature of rating official) — Lieut (Title) — 2/8/44 (Date)

Reviewed by P Pederson (Signature of reviewing official) — Lt Comdr (Title) — 3/2/44 (Date)

Rating approved by efficiency rating committee ___ (Date) Report to employee ___ (Adjective rating) ___ (Numerical rating)

16—26177-1

Standard Form No. 51
Appr. Jan. 5, 1942
C. S. C. Dept. Cir. No. 302

REPORT OF EFFICIENCY RATING

REGULAR (X); INTERIM ( ); PROBATIONARY—1ST ( ) 2D ( )

Classification Symbols		
(Service)	(Grade)	(Class)

As of 30 June, 1943 based on performance during period from 1 Jan., 1943 to 30 June, 1943

WILLIAM E. KNAPP (Name of employee) | Blacksmith Helper (Title of position) | USCG (Bureau)

Staten Island Base (Division) | Aids to Navigation (Section) | (Subsection or unit) | New York (Field office)

ON LINES BELOW MARK EMPLOYEE

V if adequate
— if weak
+ if outstanding

1. Underline the elements which are especially important in the position.
2. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning employees on all elements pertinent to the position whether in *italics* or not.
3. Before rating, become thoroughly familiar with instructions in the rating manual.

CHECK ONE:

Administrative, supervisory, or planning ..... ☐
All others ..... ☒

1 V (1) Maintenance of equipment, tools, instruments.
2 V (2) Mechanical skill.
___ (3) Skill in the application of techniques and procedures.
___ (4) Presentability of work (appropriateness of arrangement and appearance of work).
___ (5) Attention to broad phases of assignments.
6 V (6) Attention to pertinent detail.
___ (7) Accuracy of operations.
___ (8) Accuracy of final results.
___ (9) Accuracy of judgments or decisions.
___ (10) Effectiveness in presenting ideas or facts.
11 V (11) Industry.
12 V (12) Rate of progress on or completion of assignments.
___ (13) Amount of acceptable work produced. (Is mark based on production records? _____) (Yes or no)
___ (14) Ability to organize his work.
___ (15) Effectiveness in meeting and dealing with others.
16 V (16) Cooperativeness.
___ (17) Initiative.
___ (18) Resourcefulness.
19 V (19) Dependability.
20 V (20) Physical fitness for the work.

___ (21) *Effectiveness in planning broad programs.*
___ (22) *Effectiveness in adapting the work program to broader or related programs.*
___ (23) *Effectiveness in devising procedures.*
___ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
___ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
___ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
___ (27) *Effectiveness in promoting high working morale.*
___ (28) *Effectiveness in determining space, personnel, and equipment needs.*
___ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
___ (30) *Ability to make decisions.*
___ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

___ (A) _____
___ (B) _____
___ (C) _____

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating	Numerical rating
All underlined elements marked plus, and no element marked minus	Excellent	1
A majority of underlined elements marked plus, and no element marked minus	Very good	2 or 3
All underlined elements marked at least with a check, and minus marks fully compensated by plus marks, or—a majority of underlined elements marked at least with a check, and minus marks on underlined elements overcompensated by plus marks on underlined elements	Good	4, 5, or 6
A majority of underlined elements marked at least with a check, and minus marks not fully compensated by plus marks	Fair	7 or 8
A majority of underlined elements marked minus	Unsatisfactory	9

	Adjective rating	Numerical rating
Rating official	G	5
Reviewing official	G	5

On the whole, do you consider the conduct of this employee to be satisfactory? Yes (Yes or no) (See back of form)

Rated by Fred A. Sawyer (Signature of rating official) | Ch. Mach. (Title) | 8/14/43 (Date)

Reviewed by Geo. A. Tifft (Signature of reviewing official) | Lt. Comdr. (Title) | 8/14/43 (Date)

Rating approved by efficiency rating committee 8/31/43 (Date) Report to employee G (Adjective rating) 5 (Numerical rating)

16—26177-1

DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

68

TO: RS 7/29/42

Date Prepared 6 July, 1942

Name: Knapp, William E.

From: U. S. Coast Guard

Bureau No.: 5100

Wage Adjustment

Effective: 6 July, 1942

	FROM	TO
Position	Blacksmith Helper (HF)	Blacksmith Helper (HF)
Grade		
Salary	$6.88 per diem	$7.12 per diem
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty		New York, N. Y. St. George Depot, N. Y.
Appropriation		General Expenses, U. S.
Allotment		

FIELD ☒ DEPRTMTL ☐ FIELD ☒ DEPRTMTL ☐

Remarks:

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Exp.

DATE OF BIRTH: 6-2-1896

LEGAL RESIDENCE: N. Y.

SEX

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

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

SUBJECT TO RETIREMENT ACT?

DATE OF OATH

CHARLES PIOZET

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY: 7.16.42

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 31 December, 1941

Name: Knapp, William H.

From: U. S. Coast Guard

Bureau No.: 5160

Promotion

	FROM	TO
Position		Blacksmith Helper
Grade		None
Salary	$6.36 per diem	$6.68 per diem
Bureau or Div.		U. S. Coast Guard
Organizational Subdivisions		
Headquarters		New York, N. Y.
Post of Duty		St. George Depot, N. Y.
Appropriation		General Expenses, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE
Remarks: 1 January, 1942.

Justification:

This action is to bring the employee's pay in line with the amended Navy schedule of wages.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-3-1896

LEGAL RESIDENCE: New York

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

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

SUBJECT TO RETIREMENT ACT? Yes, Civil Service. X

DATE OF OATH

CHARLES POZZI

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY

DEC 31 1941

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)

Department or Establishment U.S. Coast Guard Date Aug 4. 1941

1. Name in full (Mr., Miss, or Mrs.) Knapp (Surname) William (Given name) Edward (Middle name)
2. Present address 62 Treadwell Ave (Number) (Street) P.R. (City) N.Y. (State)
3. Legal (voting) residence 11th Dis S.I. N.Y. (State and Congressional District) ~~Dist~~ Richmond (County) N.Y. (City or town)
4. Where born Pa. (State or foreign country) Phila (City or town) When born Feb 5 1896 (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 None

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			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse Service	St George	Rivet Heater	4.80 per day 5.76 per day	May	25	1929	4	15	41
U.S. Coast Guard	"	Holder	5.92	~~Feb~~	~~14~~	~~41~~	7	20	41
"	"	Blacksmith Helper	6.56	7	21	41			

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
	Position Department or office	
	Position Department or office	
	Position Department or office	

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

(Title) (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) (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 May 28 1918 Discharged June 5 1919
Rank 1 Class Pair Rank 1 Class Pair
Organization 313 Inf. Co F Organization 79th Div

Enlisted ~~May 28 1918~~ Discharged ~~June 5 1919~~
Rank 1 Class Pair Rank ~~1 Class Pair~~
Organization 313 Inf. Co F ~~79th Div~~

[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.) ———

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
Fore River Mass	Messenger	1912
Gilbert & Edge Bklyn N.Y.	Riveter Heater	1913
Brewers Drydock S.I.	Acetylene Burner	1913 to 1918
Army	1 Class Private	1918 to 1919
U.S. Shipyard S.I. N.Y.	Driller & Tapper	1919 to 1927
U.S. Lighthouse	Rock Heater	1927 to date

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 J. Schroeder

Relationship None Post office address Port Richmond N.Y.

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

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

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, William E. Knapp, do
(Name in full, printed or typed)
solemnly swear (or affirm) 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.

/s/ William E. Knapp
(Signature of Appointee)

Subscribed and sworn to before me this 21st day of April, A.D. 1941

at St. George, S.I., (City or place) New York (State)

[SEAL]

(SEAL)

/s/ Clement H. Lake
Notary Public

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

Commission expires March 31, 1942

Position to which appointed Rivet Holder, Staten Island Base, N.Y.

Date of entrance on duty 16 April, 1941.

U.S. GOVERNMENT PRINTING OFFICE 10—1689

TREASURY DEPARTMENT
U.S.COAST GUARD

Office of Commander
New York District
Room 411, Customhouse
New York, N. Y.

23 June, 1941

The Treasury Appropriation Act, 1942, provides, in Section 305 that "No part of any appropriation contained in this act shall be used to pay the salary or wages of any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence, provided, that for the purposes hereof an affidavit shall be considered prima facie evidence that the person making the affidavit does not advocate, and is not a member of an organization that advocates, the overthrow of the Government of the United States by force or violence; Provided further, that any person who advocates or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence and accepts employment the salary or wages for which are paid from any appropriation contained in this act, shall be guilty of a felony and, upon conviction, shall be fined not more than one thousand dollars or imprisoned for not more than one year or both, provided, that the above penalty clause shall be in addition to and not in substitution for any other provisions of existing law."

The Hatch Act, 2 August, 1939 provides in section 9A that "It shall be unlawful for any person employed in any capacity by any agency of the Federal Government whose compensation or any part thereof is paid from funds authorized or appropriated by any Act of Congress to have membership in any political party or organization which advocates the overthrow of our constitutional form of Government in the United States" and "Any person violating the provisions of this section shall be immediately removed from the position or office held by him, and thereafter no part of the funds appropriated by any act of Congress for such position or office shall be used to pay the compensation of such person."

"I, William E. Knapp, do solemnly swear (or affirm) that I have read and understand the foregoing: that I do not advocate the overthrow of the Government of the United States by force or violence; that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence."

William E Knapp
(Signature of employee)

Subscribed and sworn to before me this 27th day of June, A.D.1941

at St George S.I., N.Y.
(City or place) (State)

(SEAL)

Clement H. Lake
Notary Public

NOTE: - Date of expiration of notary public's commission should be shown.
Seal of notary public must be affixed. Com. Expires Mar. 31st 1942

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared May 29, 1941.

Name: Knapp, William H.

From: U. S. Coast Guard

Bureau No.:

Change in status and designation - increase in salary.

	FROM	TO
Position Grade Salary	Rivet Holder None $5.92 per diem	Blacksmith's Helper None $6.56 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	New York, New York Staten Island Base, N. Y. General Expenses, C. G.	New York, New York Staten Island Base, N. Y. General Expenses, C. G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE *Remarks:* E.O.D. 7/21/41

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Mgr. Second U. S. Civil Service Dist. 5-27-1941.

APPROPRIATION

Regular

DATE OF BIRTH

2-5-1896

LEGAL RESIDENCE

New York

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

Augustus J. Hicks (promoted) 6/1/41

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

Yes

SUBJECT TO RETIREMENT ACT?

Yes, Civil Service

DATE OF OATH

Justification:

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY

6-4-41

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Port Richmond, N. Y.
(City or town), (State)

62-Treadwell Avenue
(Street and number)

April 24, 1941
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on 23 April, 1941
(Date)

Wednesday, 3:45 P. m.
(Day of week), (Hour, a. m. or p. m.)

1. The injury occurred at U. S. Coast Guard - Staten Island Base, Staten Ialand,N.Y.
(Give name of establishment where employed)

in the following manner: Grinding weld

2. Cause of injury Pieces of emery went in eye while grinding with grinder

3. Nature of injury Particles in left eye

4. Names of witnesses to injury:

None. Was working by meself

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state *the name of the person* to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) /William E Knapp
Rivet Holder

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

DEPT. STOCK RE... M 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 10

VC 1541814

TO: TC

Date Prepared April 2, 1941

Name: Kapp, William H.

From: U. S. Coast Guard

Bureau No: 6084

Change in status - increase in pay

	FROM	TO
Position	Rivet Heater	Rivet Holder
Grade	None	None
Salary	$5.76 per diem	$5.92 per diem
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York.	New York, New York.
Post of Duty	Staten Island Base, N.Y.	Staten Island Base, N.Y.
Appropriation	General Expenses, C.G.	General Expenses, C.G.
Allotment		
Field or Deptl.	Field	Field

EFFECTIVE April 16, 1941
Remarks:

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Mgr. 2nd U. S. Civil Service District letter April 1, 1941

APPROPRIATION
Regular

DATE OF BIRTH
2-5-1896

LEGAL RESIDENCE
New York

SEX: M | RACE: W

NATURE OF POSITION
NEW | ADDTL. IDENT.

VICE VACANCY | VICE

*Frank J. Nebel (pro.)
4/16/41

SUBJECT TO RETIREMENT ACT?
Yes, Civil Service

DATE OF OATH

SUBORDINATE ADMINISTRATIVE OFFICE

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

St.George, Staten Island, N. Y.
(City or town) (State)

U. S. Coast Guard Depot
(Street and number)

17 April, 19 40
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on 16 April, 19 40
(Date)

Tuesday, 3:45 P m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at U. S. Coast Guard Depot, Staten Island, N.Y.
(Give name of establishment where employed)

in the following manner: While pulling up on a Stillson wrench removing plug from buoy, wrench slipped and wrecked my back.

2. Cause of injury Wrench slipped.

3. Nature of injury Neck sprained or wrenched.

4. Names of witnesses to injury:

Roy Kelchner

Ed.Blazewics

5. *If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:*

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) /s/ W. E. Knapp

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Port Richmond, S.I., N. Y.
(City or town) (State)

62 Treadwell Ave.,
(Street and number)

May 28th, 19 37
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on May 26 th, 19 37
(Date)

Wednesday, 2:00 p. m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at General Lighthouse Depot on board Lightship #108
(Give name of establishment where employed)

in the following manner: while using emery wheel grinding weld around smoke-stack a piece of steel or emery imbedded itself in my left eye.

2. Cause of injury foreign substance in left eye

3. Nature of injury piece of steel or emery in left eye.

4. Names of witnesses to injury:

none

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) William E Knapp

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Port Richmond, S.I., N. Y.
(City or town) (State)

81 Richmond Ave.,
(Street and number)

March 21st, 1932
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on Feb. 26th, 1932
(Date)

Friday, 4:00 p. m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred ~~at~~ on board Tender Larkspur, which was being repaired at General Lighthouse Depot, Staten Island, N.Y.
(Give name of establishment where employed)
in the following manner: while removing blower from the Larkspur to Lightship #79, hit my left knee on rail of Larkspur bruising same.

2. Cause of injury hitting knee against iron rail.

3. Nature of injury left knee bruised.

4. Names of witnesses to injury:

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:
I did not make a report of this injury as I thought at the time that it would not amount to anything, but it has since become quite sore and painful.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) William Edward Knapp

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

COPY:SW

Staten Island, (City or town), N.Y. (State)

81 Rich Ave., (Street and number)

Oct. 1st (Date of this notice), 1930

I HEREBY CERTIFY that I was injured in the performance of my duties on Sept. 23rd (Date), 1930

Tues. (Day of week), 10 A.M. (Hour, a. m. or p. m.) m.

1. The injury occurred at Plate Shop (Give name of establishment where employed)

in the following manner: stepped on steel

2. Cause of injury stepped on piece of steel

3. Nature of injury right foot

4. Names of witnesses to injury:

Henry White

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

at home could not walk

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) William E. Knapp

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

U. S. GOVERNMENT PRINTING OFFICE 1929 9—584

Form 205

CONTRACT OF EMPLOYMENT IN REGISTERED POSITION

JHG

75 K - 9

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. LIGHTHOUSES MAY 29 1929 RECEIVED TOMPKINSVILLE N.Y.

Staten Island, N.Y., May 25, 1929, 192
(Place and date)

5/161

Employment has been given to William E. Knapp

as Rivet Heater, in connection with work

in the Third Lighthouse District, at the rate of $ 4.80 per day

~~xx month~~, beginning May 25, 1929, 192 , under the civil service regulations

for the Lighthouse Service. This contract of employment supersedes all previous certificates of appointment. Subject to a probationary period of not to exceed 6 months.

No. 74

Born February 5, 1896

Classified under Retirement
Act of May 22, 1920-Mark "B"

Asst. Supt.

J. F. Yates

Supt. 3rd Lighthouse District

I accept the above conditions and agree to abide by the rules and regulations of the Lighthouse Service.

6/1/29

William E. Knapp

INSTRUCTIONS—To be prepared in duplicate, one copy to be handed to employee and the other kept on file in the District Office.

U. S. GOVERNMENT PRINTING OFFICE 11—4360