

**INSTRUCTIONS.**—Answer every question below clearly and completely. Typewrite or print in **INK**. If you are applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. Mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.  
ANNOUNCEMENT  
SELECTION NO.

1. Name of examination, or kind of position applied for:		
2. Optional subject (if mentioned in examination announcement):		
3. Place of employment applied for:		
4. <del>Mr.</del> (First name) (Middle) (Maiden, if any) (Last) Miss <b>August Ludwig HORMAY</b>		
5. Street and number or R. D. number: <b>101 Acadia Street</b>		
City or post office (including postal zone), and State: <b>San Francisco 12, California</b>		
6. Legal or voting residence (State): <b>California</b>	7. <del>Ashbury</del> No.: <b>8310</b>	<del>7-3155</del>
8. Place of birth (city and State; if born outside U. S., name city and country): <b>San Francisco, California</b>		
9. Date of birth (month, day, year): <b>May 7, 1907</b>	10. Age last birthday: <b>39</b>	11. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
12. <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	13. Height without shoes: <b>6</b> feet <b>2</b> inches	Weight: <b>200</b> pounds
14. Have you ever been employed by the Federal Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If now employed by the Federal Government, give present grade and date of last change in grade: <b>P-4, May 1946</b>		

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

<input type="checkbox"/> Appor.	Material <input type="checkbox"/> Submitted	Entered register:		
<input type="checkbox"/> Non-appor.	<input type="checkbox"/> Returned			
Notations:		App. Review:		
Approved:				
OPTION	GRADE	EARNED RATING	PREFER-ENCE	AUGM. RATING
			<input type="checkbox"/> 5 points (tent.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widow	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being investigated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing <b>X</b> in proper column	YES	NO	15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:
15. (a) Would you accept short-term appointment, if offered, for—			
1 to 3 months?.....			
3 to 6 months?.....			
6 to 12 months?.....			
(b) Would you accept appointment, if offered—			(d) What is the lowest entrance salary you will accept: \$..... per year.
in Washington, D. C.?.....			<b>You will not be considered for positions paying less.</b>
anywhere in the United States?.....			(e) If you are willing to travel, specify:
outside the United States?.....			<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly

**16. EXPERIENCE.**—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

- (a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.  
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

**PRESENT POSITION**

Dates of employment: (Month, year) From: <b>August 1931</b> To present time	Exact title of your present position: <b>Forest Ecologist, P-4</b>	Salary or earnings: Starting, \$ <b>4,300</b> per annum Present, \$ <b>4,902</b> per annum
Place of employment (city and State): <b>Berkeley, California</b>	Description of your work: <b>See attachment #1.</b>	
Name and address of employer (firm, organization, or person). If Federal, give department, bureau, or establishment, and division: <b>Agriculture, Forest Service, Research Calif. Forest &amp; Range Expt. Sta.</b>		
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): <b>Range Research</b>		
Number and kind of employees supervised by you: <b>At different times 1-15 SP grade compilers, 1-4 P-1 &amp; P-2 range technicians.</b>		
Name and title of immediate supervisor: <b>M. W. Talbot, Assoc. Director - Chief, Range Management</b>		
Reason for desiring to change employment:		

16. CONTINUED

Dates of employment: (Month, year) From: _____ To: _____ Place of employment (city and State): _____	Exact title of your position: _____	Salary or earnings: Starting \$ _____ per Final \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: _____	Description of your work: _____ _____ _____	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____	_____ _____	
Number and kind of employees supervised by you: _____	_____ _____	
Name and title of immediate supervisor: _____	_____ _____	
Reason for leaving: _____	_____ _____	
Dates of employment: (Month, year) From: _____ To: _____ Place of employment (city and State): _____	Exact title of your position: _____	Salary or earnings: Starting \$ _____ per Final \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: _____	Description of your work: _____ _____ _____	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____	_____ _____	
Number and kind of employees supervised by you: _____	_____ _____	
Name and title of immediate supervisor: _____	_____ _____	
Reason for leaving: _____	_____ _____	
Dates of employment: (Month, year) From: _____ To: _____ Place of employment (city and State): _____	Exact title of your position: _____	Salary or earnings: Starting \$ _____ per Final \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: _____	Description of your work: _____ _____ _____	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____	_____ _____	
Number and kind of employees supervised by you: _____	_____ _____	
Name and title of immediate supervisor: _____	_____ _____	
Reason for leaving: _____	_____ _____	
Dates of employment: (Month, year) From: _____ To: _____ Place of employment (city and State): _____	Exact title of your position: _____	Salary or earnings: Starting \$ _____ per Final \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: _____	Description of your work: _____ _____ _____	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____	_____ _____	
Number and kind of employees supervised by you: _____	_____ _____	
Name and title of immediate supervisor: _____	_____ _____	
Reason for leaving: _____	_____ _____	

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

17. MILITARY EXPERIENCE.—In order to make the most effective placements of war veterans, detailed information is needed about the training and experience they have acquired in the Armed Services. Fill in the appropriate space for each service school you have attended. If you attended no special or technical schools while in the service, write in Item (a) "No attendance at service schools" and indicate in Item (c) all important changes in duty assignment, showing dates of such assignment.

<p>(a) First Special Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training:</p>	<p>(b) What were you taught in First Special Service School?</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):</p> <p>Dates of duty assignment (months, years):</p> <p>From: _____ To: _____</p>	<p>(d) What did you do during this duty assignment?</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>(e) Second Special Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training:</p>	<p>(f) What were you taught in Second Special Service School?</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>(g) Duty assignment after this training:</p> <p>Dates of duty assignment (months, years):</p> <p>From: _____ To: _____</p>	<p>(h) What did you do during this duty assignment?</p> <p>-----</p> <p>-----</p> <p>-----</p>

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

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

Mark (x) the appropriate box to indicate satisfactory completion of:

Elementary School    Junior High School    Senior High School

(a) Give name and location of last high school attended:  
**Lick Wilmerding, San Francisco, California**

(b) Subjects studied in high school which apply to position desired:  
**Basic arts and sciences.**

(c) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From—	To—	Day	Night	Title	Date	
<b>University of California Berkeley, California</b>	<b>Forestry</b>	<b>1926</b>	<b>1931</b>			<b>B.S.</b>		<b>166</b>

(d) List Your Chief Undergraduate College Subjects	Semester Hours	List Your Chief Graduate College Subjects	Semester Hours
<b>Forestry and Range Management</b>	<b>34</b>	<b>Bot, Plant Nat., and Soil Tech.</b>	<b>14</b>
<b>Chem, Physics, Eng, Math and Stat.</b>	<b>33</b>	<b>Math, Chemistry and Physics</b>	<b>11</b>
<b>An. Husb, Vet. Sci., and Bact.</b>	<b>21</b>	<b>Forestry</b>	<b>1</b>
<b>Botany, Genetics and Agronomy</b>	<b>19</b>		

(e) Other training, such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:	Subjects Studied	Dates Attended		Years Completed	
		From—	To—	Day	Night

19. Indicate your knowledge of foreign languages:	READING			SPEAKING			UNDERSTNG		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	<b>Hungarian</b>			<b>X</b>			<b>X</b>		

21. Are you now or have you ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)  
 Yes    No   Give kind of license and State:

First license or certificate (year):  
 Latest license or certificate (year):

(a) How was your knowledge of foreign languages acquired?  
**In the home.**

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e. g., business, education, recreation):  
**None.**

22. Give any special qualifications or awards elsewhere in your application such as:  
 (a) your more important publications (do NOT submit copies unless requested)  
 (b) your patents or inventions  
 (c) public speaking and public relations experience  
 (d) membership in professional or scientific societies, etc.

(d) **Society of American Foresters**  
**California Botanical Society**  
**Alpha Zeta**  
**Zi Sigma Pi**

20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multilith, computer, key-punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing -----, shorthand -----

23. REFERENCES.—List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address, including street and number)	BUSINESS OR OCCUPATION
1. <b>Dr. Arthur W. Sampson</b>	<b>Univ. of Calif., Berkeley, Calif.</b>	<b>Professor</b>
2. <b>Dr. George H. Hart</b>	<b>Univ. of Calif., Davis, Calif.</b>	<b>Range Management Professor</b>
3. <b>Dr. Herbert L. Mason</b>	<b>Univ. of Calif., Berkeley, Calif.</b>	<b>Animal Husbandry Professor</b>

24. May inquiry be made of your present employer regarding your character, qualifications, etc.?  Yes  No

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO	Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
25. Are you a citizen of the United States?-----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Have you any physical defect or disability whatsoever?----- If your answer is "Yes," give complete details in Item 38.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?----- If your answer is "Yes," give complete details in Item 38.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. (a) Were you ever in the United States Military or Naval Service during time of War?-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?-----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?-----	<input type="checkbox"/>	<input type="checkbox"/>
28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of \$25 or less was imposed)?----- If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(c) Was service performed on an active full-time basis, with full military pay and allowances?-----	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?----- If your answer is "Yes," give in Item 38 the name and address of employer, date, and reason in each case.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(d) Date of entry or entries into service: _____ Date of separation or separations: _____		
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?----- If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating if retired from military or naval service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Branch of service (Army, Navy, M. C., C. G., etc.) _____ Serial No. (if none, give grade or rating at time of separation.) _____		
31. Are you an official or employee of any State, Territory, county, or municipality?----- If your answer is "Yes," give details in Item 38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.</p>		
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?----- If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Indicate "Yes" or "No" answer by placing X in proper column.</p>		
33. Have you ever had a nervous break-down?----- If your answer is "Yes," give complete details in Item 38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service ribbon?-----	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever had tuberculosis?----- If your answer is "Yes," give complete details in Item 38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(b) Are you a disabled veteran?-----	<input type="checkbox"/>	<input type="checkbox"/>
			(c) Are you the unmarried widow of a veteran?-----	<input type="checkbox"/>	<input type="checkbox"/>
			(d) Are you the wife of a veteran who has service-connected disability?-----	<input type="checkbox"/>	<input type="checkbox"/>
			<p>IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.</p>		
<p><b>THIS SPACE FOR USE OF APPOINTING OFFICE ONLY</b></p> <p>The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on _____, 19____.</p> <p>Agency: _____ Title: _____</p>					

38. Space for detailed answers to other questions (indicate item numbers to which answers apply).

ITEM No.	ANSWER	ITEM No.	ANSWER

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

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 80). I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date Nov. 7 1946 Signature of applicant August L. Ormay  
(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe.")

16.

Under general supervision, with considerable latitude for independent action and decision, perform responsible professional work as head of the range management program at the Burgess Spring Experimental Range in northeastern California.

Organize, direct, and participate in studies and experiments on range lands throughout that mountain area; make detailed plans of work for projects selected.

Consult and cooperate with other research agencies engaged in similar work, particularly the University of California; and with National Forest administration, Soil Conservation Service, Grazing Service, and other agencies interested in range management.

Analyze range management data, prepare publications, and interpret findings for application by land-management agencies and practical operators in the locality on such specific problems as the following: relative grazing value of different forage types; nature of fluctuations in year forage production; methods of obtaining better distribution of livestock on the range; best season of use of range types; standards for proper utilization of the range and of important forage plants; methods of revegetating deteriorated ranges by artificial and natural reseeding; harmonizing livestock grazing with timber production, game production, and other land uses; life histories of important forage plants.

Perform other duties as occasion demands.

Have followed this general course of work with increasing responsibility since appointed as Junior Range Examiner in 1931.

August L. Hormay  
101 Acadia Street, San Francisco, Calif.  
May 7, 1907

22.

(a).

Effect of logging on forage. *Chronica botanica* 6(1):6-7, 1940.

A key for identifying some important annual range grasses in the immature stage. Research Note No. 26, February 28, 1942.

Standards for judging the degree of forage utilization on California annual-type ranges. A. L. Hormay and A. Fausett. Technical Note No. 21 - 1942.

Bitterbrush in California. Research Note No. 34. June 21, 1943.

A method of estimating grazing use of bitterbrush. Research Note No. 35. October 8, 1943.

Moderate grazing pays on California annual-type ranges. USDA leaflet No. 239. June 1944.

August L. Hormay  
101 Acadia Street, San Francisco, Calif.  
May 7, 1907