Registering Is Only the First Step—Later You Fill Out This Questionnaire

SELECTIVE SERVICE QUESTIONNAIRE

Date of mailing .....

Order No. .....

(Stamp of Local Board)

Name: ..... (First) ..... (Middle) ..... (Last)

Address ..... (Number and street or R. F. D. route)

..... (City or town) ..... (County) ..... (State)

NOTICE TO REGISTRANT

You are required by the Selective Training and Service Act of 1940 to fill out this Questionnaire truthfully and to return it to this Local Board on or before the date shown below. Willful failure to do so is punishable by fine and imprisonment.

This Questionnaire must be returned on or before ..... *Member of Local Board.*

(The above items are to be filled in by the Local Board before the Questionnaire is mailed to the registrant.)

..... is no Advisory Board

Series IV.—OCCUPATION OR ACTIVITY.—Continued

9. If you are not now working because of some seasonal or temporary interruption, attach to this page a statement (a) explaining what the interruption is, when it began, and when you expect to be able to resume your work, and (b) supplying substantially the same information regarding your last job as is required in the above items in this series.

10. I ..... (Am, am not) licensed in a trade or profession; if so, I am licensed as ..... (For example: Marine pilot, physician, aviator, stationary engineer)

11. I ..... (Am, am not) at present an apprentice under a written or oral agreement with my employer.

12. Other facts which I consider necessary to present fairly the occupation which I have described, or my connection with it, as a ground for classification are (if none, write "None"): .....

INSTRUCTIONS.—You may attach to this page any statement from your employer which you think the Local Board should consider in determining your classification. Such statement will then become a part of this Questionnaire.

Series V.—OTHER OCCUPATIONAL EXPERIENCE

Series VII.—DEPENDENCY (Confidential except as to names and addresses of claimed dependents.)

INSTRUCTIONS.—Every registrant shall fill in the statements numbered 1, 2, and 3 in this series.

1. (a) I am (Put an "X" in one box) ☐ single. ☐ married. ☐ a widower ☐ divorced, (b) If married, I married my present wife at ..... (City and State) on ..... (Month, day, year)

(c) I ..... (Do, do not) live with her. If not, her address is .....

(2)

STATEMENTS OF THE REGISTRANT

Series I.—IDENTIFICATION

INSTRUCTIONS.—Every registrant shall fill in all statements in this series.

1. My name is (print) ..... (First name) ..... (Middle name) ..... (Last name)
2. In addition to the name given above, I have also been known by the name or names of .....
3. My residence is ..... (Number and street or R. F. D. route) ..... (Town—City, town, or village) ..... (County) ..... (State)
4. My telephone number is ..... (Town) ..... (Exchange) ..... (Number) (If you have no phone, write "None.")
5. My Social Security number is ..... (If none, write "None.")

Series II.—PHYSICAL CONDITION (Confidential)

INSTRUCTIONS.—Every registrant shall fill in all statements in this series.

1. To the best of my knowledge, I ..... (Have, have no) physical or mental defects or diseases. If so, they are ..... (List defects or diseases here)
2. I ..... (Am, am not) an inmate of an institution. If so, its name is ..... (Name of hospital, prison, or other institution) and it is located at ..... (Give address)

Series III.—EDUCATION

INSTRUCTIONS.—Every registrant shall fill in all statements in this series.

1. I have completed ..... (Number) years of elementary school and ..... (Number) years of high school.
2. I have had the following schooling other than elementary and high school (if none, write "None"):

Name of Vocational School, College, or University	Course of Study	Length of Time Attended

Series IV.—OCCUPATION OR ACTIVITY

INSTRUCTIONS.—All registrants shall fill in statement No. 1 in this series. Every registrant who is now working shall fill in all statements in this series except No. 9. Every registrant who is now prevented from working merely because of some seasonal or temporary interruption shall fill in all statements except statements numbered 2 through 8 in this series.

As used in this series, words such as occupation, work, and job apply to services rendered in any endeavor and to training or preparation for any endeavor.

1. I ..... (Am, am not) working at present.
2. The job I am working at now is (give full title, for example: Construction draftsman, turret-lathe operator, stationary engineer, farm laborer, prosecuting attorney, physics teacher, medical student, policeman, marriage license clerk, etc.): .....
3. I do the following work in my present job (be specific—give a brief statement of your duties): .....
4. I have done this kind of work for ..... (Length of time)
5. My average weekly earnings in this job are $..... (Confidential.)
6. In this job I am (Put an X in one box) ☐ an employee, working for salary, wages, commission, or other compensation. ☐ an independent worker, working on my own account, not hired by anyone, and not hiring any help. ☐ working for my father or for the head of my family, but receiving no pay. ☐ an employer or proprietor hiring ..... (Number) paid workers. ☐ a student preparing for .....
7. My employer is: ..... (Name of organization or proprietor, not foreman or supervisor) ..... (Address of place of employment—street or R. F. D. route, city, and state) whose business is ..... (For example: Farm, airplane engine factory, retail food store, W. P. A.)
8. Other business or work in which I am now engaged is ..... (If none, write "none")

Series VII.—DEPENDENCY (Confidential except as to names and addresses of claimed dependents.)—Continued

2. I have ..... (Number of children; if none, write "No") children who are under 18 years of age or are physically or mentally handicapped, and who live with me.

"DEPENDENT," AS USED IN THIS SERIES DEFINED

The word "dependent," as used in this series, means any person to whose support the registrant contributes more than merely a small part of such person's support (or to whose support the registrant would contribute were he not temporarily prevented from so doing by the registrant's physical or economic situation) who is either (a) the registrant's wife, divorced wife, parent, foster parent, or grandparent, or (b) the registrant's child, unborn child, brother, half-brother, sister, or half-sister, who is under 18 years of age or is physically or mentally handicapped, or (c) a person whose support the registrant has assumed in good faith, who is either under 18 years of age or is physically or mentally handicapped.

Only a person who is a United States citizen or who lives in the United States or its Territories or possessions may be regarded as a dependent.

Based on the information contained in this Questionnaire and on other information which the Local Board may receive, the Local Board will determine whether the "dependent" is an individual who is dependent in fact for support in a reasonable manner in view of such individual's circumstances on income earned by the registrant by his work in a business, occupation, or employment.

INSTRUCTIONS.—Only those registrants who believe that one or more persons are dependent for support on the registrant's earnings from his work are required to fill in the statements numbered 3 through 12 in this series.

3. The following persons live with me in a home maintained by me and are entirely or partly dependent on my earnings from my work in my business, occupation, or employment, and have no other sources of income except as stated below:

Name	Sex	Age at last birthday	Relationship to registrant	Date when support begins	Dependent's income, last 12 months other than board and lodging provided by the registrant in his home: Contributed by the registrant	Earned by the dependent	Received from other sources

The net cost to me of maintaining my home during the last 12 months, after deducting $..... contributed by others than myself for the support of such dependents was $.....

4. The following persons do not live with me in a home maintained by me, but are entirely or partly dependent on my earnings from my work in my business, occupation, or employment, and have no other sources of income except as stated below:

Name and address	Sex	Age at last birthday	Relationship to registrant	Date when support begins	Dependent's income, last 12 months: Contributed by the registrant	Earned by the dependent	Received from other sources

Series VII.—DEPENDENCY (Confidential except as to names and addresses of claimed dependents.)—Continued

7. Of the amounts contributed by me to dependents listed above, only $..... (Name of dependent) ..... (If none, write none) ..... contributed to ..... was in payment for my own board and/or lodging.
8. The income I earned from my work in my business, occupation, or employment during the past 12 months was $.....
9. My income from all other sources during the past 12 months was $.....
10. The following is a list of all property owned by (or held in trust for) either me or my dependents, the value of such property, and the net income received by either me or my dependents from such property during the past 12 months: (List this information separately as to the registrant and each dependent. Do not include clothing, personal effects, or household furnishings, or cash less than $500. Indicate which of such property is your home.)

Name of person	Type of property	Value after deducting encumbrances	Net income from such property

11. I ..... (Do, do not) rent the house in which I live. If so, the monthly rent is $....., and the name and address of my landlord is .....
12. Other facts which I consider necessary to present fairly my own status and that of my dependents as a basis for my proper classification are: (If none, write "None.") .....

INSTRUCTIONS.—With respect to any dependent (other than the registrant's own wife, child, parent, or grandparent) whose support the registrant has assumed, attach to this page a statement explaining why and under what circumstances the registrant assumed such person's support. Such statement will then become a part of this Questionnaire.

SUPPORTING AFFIDAVIT OF DEPENDENTS OVER 18 YEARS OF AGE

INSTRUCTIONS.—If convenient, each dependent over 18 years of age except the registrant's wife shall swear to (or affirm) the following affidavit. The registrant shall furnish the Local Board a separate affidavit from each such dependent who does not sign the affidavit below. Blanks for this purpose will be supplied by the Local Board on request.

State of ..... County of .....

We the undersigned do solemnly swear (or affirm) that we have been dependent upon ..... for our support for the period set opposite our respective signatures below: that we are enumerated as dependents under the heading "DEPENDENCY"; that we understand the sense thereof and hereof individually, that we have read or had read to us the foregoing statements