INDIVIDUAL RECORD
CIVILIAN CONSERVATION CORPS

I. GENERAL INFORMATION[1]

Serial No. CC [redacted] Junior (Class) N.Y. (State)

1. Name Skrok, Chester J. 2. Address 67 Clark St. Buffalo, N.Y.

3. Date of birth 9/25/19 4. Birthplace Buffalo, N.Y.

5. Nearest relative Agnes Skrok (Name) 67 Clark St., Buffalo, N.Y. (Address) Mother (Relationship)

6. Citizenship: [2] Native born; ~~naturalized~~. 7. Color White

8. Military or naval service None

9. Education (circle highest grade completed): Grammar school, 1 2 3 4 5 6 7 8; high school, 1 2 3 4; college, 1 2 3 4; other education

10. Occupational qualifications:

Occupation	Length of experience
Cooking	

11. Were you previously a member of the Civilian Conservation Corps? No If so, furnish the following information:

Company	Location	Enrolled	Discharged	Character of discharge
	CERTIFICATE			

II. OATH OF ENROLLMENT

I, Chester (First name) J. (Middle name) Skrok (Last name), do solemnly swear (or affirm) that the information given above as to my status is correct. I agree to remain in the Civilian Conservation Corps for a period of 6 months or not less than 6 months, commencing on Jan. 10 1940 and terminating from at the discretion of the United States not later than Jul. 31 19th, 19 ....., unless sooner released by proper authority, and that I will obey those in authority and observe all the rules and regulations thereof to the best of my ability and will accept such allowances as may be provided pursuant to law and regulations promulgated pursuant thereto. I understand and agree that any injury received or disease contracted by me while a member of the Civilian Conservation Corps cannot be made the basis of any claim against the Government, except such as I may be entitled to under the act of February 15, 1934 (48 Stat. 351; U. S. C. 5: 796), and that I shall not be entitled to any allowances upon release from camp, except transportation in kind to the place at which I was accepted for enrollment. I understand further that any articles issued to me by the United States Government for use while a member of the Civilian Conservation Corps are, and remain, property of the United States Government and that willful destruction, loss, sale, or disposal of such property renders me financially responsible for the cost thereof and liable to trial in the civil courts. I understand further that any infraction of the rules or regulations of the Civilian Conservation Corps renders me liable to expulsion therefrom. ~~So help me God.~~

Place Fort Dix, N.J. Signature Chester (First name) J. (Middle initial) Skrok (Last name)

[2] ~~Sworn to and~~ subscribed before me this 10th day of January, nineteen hundred and forty.

[redacted] (Signature) (Name typed) (Grade and organization), *Enrolling Officer.*

[1] Print or type.

[2] Strike out words not applicable. Oath may be taken before any officer.

James T. Roberts, CCC Subaltern

3—10908

C. C. C. Form No. 1
January 1, 1939

III. REENROLLMENTS

1. Company 1212 Camp F-1 Date July 1, 1940

I accept reenrollment in the Civilian Conservation Corps for a period of 6 months from date of reenrollment Dec. 1-31, 1940 under the same conditions as my previous enrollment.

Chester J Skrok (Enrollee's signature)
023-340103
Chester J. Skrok

Reenrolled this 1st day of July, 1940

Signature [signature]

JACOB FUNTERMAN - Company Commander
(Name, grade, and organization, typed or stamped) Company Commander.

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2. Company ____ Camp ____ Date ____

I accept reenrollment in the Civilian Conservation Corps for a period of 6 months from date of reenrollment ____ under the same conditions as my previous enrollment.

(Enrollee's signature)

Reenrolled this ____ day of ____, 19____

Signature ____

(Name, grade, and organization, typed or stamped) Company Commander.

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3. Company ____ Camp ____ Date ____

I accept reenrollment in the Civilian Conservation Corps for a period of 6 months from date of reenrollment ____ under the same conditions as my previous enrollment.

(Enrollee's signature)

Reenrolled this ____ day of ____, 19____

Signature ____

(Name, grade, and organization, typed or stamped) Company Commander.

IV. RECORD OF SERVICE

1. From 1/10/40 to 1/16/40 under War Department Company at Fort Dix, N.J.

Type of work Conditioning & Traveling Manner of performance Satisfactory

Transferred to ____ per paragraph 5 S. O. 9 Left Company Fort Dix, N.J. (Date) 1/16/40 Last paid to include Never on voucher No. ____, ____, 19____ accounts of ____ (Disbursing officer)

Due U. S. for clothing, $ XX; for equipment, $ XX (Month); per R/H dated XX, $ XX; due camp exchange, XX Company, $ XX; due company fund XX Company, $ XX; due USAMPS, $ XX; other indebtedness, $ XX Foregoing indebtedness entered on {P/R / F/S} XX (Date) XX (Initials)

AWOL from XX, 19____, to XX, 19____; AWOP from XX, 19____, to XX, 19____

Remarks ____

I have verified the foregoing entries.

Roy L. Francke (Signature) (Name typed) ROY L. FRANCKE (Subaltern) (Grade and organization)

To Finance Officer at ____

* Strike out term not applicable

2. From 1/10/40, 5-9-40 under War Department 1212 Company at Paradise Valley, Nevada
Type of work Pick and shovel Asst Ldr Field Road Construction Carpentry Manner of performance EXCELLENT
Transferred to Camp F-, Lamoille, Nevada per paragraph 1 S. O. 94 Left Company 5-9-40 (Date) Last paid
to include 4-30-40 on voucher No. 58, May (Month), 1940 accounts of C.E.F. (Disbursing officer)
Due U. S. for clothing, $ None; for equipment, $ None; per R/H dated ....., $ None due camp exchange,
..... Company, $ None; due company fund ..... Company, $ None; due USAMPS, $ None;
other indebtedness, $ None Foregoing indebtedness entered on {P/R / F/S} ..... (Date) ..... (Initials)
AWOL from XX, 19 XX to XX, 19 XX AWOP from XX, 19 XX, to XX, 19 XX
Remarks .....

I have verified the foregoing entries. George H Seetz Jr. GEORGE H SEETZ JR., Company Commander.
(Signature) (Name typed) (Grade and organization)

To Finance Officer at .....

3. From 5-10-40 to 7-18-40 under War Department 1212th Company at Camp Fyl; Lamoille, Nevada
Type of work Carpentry Work Manner of performance EXCELLENT
Transferred to Co. 234, Dalton Wells, Utah per paragraph 1 S. O. 163 Left Company 1212th 7-18-40 (Date) Last paid
to include 6-30-40 on voucher No. 1665, July (Month), 1940 accounts of C.K. McALISTER, Capt., F.D. (Disbursing officer)
Due U. S. for clothing, $X; for equipment, $ X; per R/H dated ....., $ None; due camp exchange,
..... Company, $ None; due company fund 1212th Company, $ None; due USAMPS, $ None;
other indebtedness, $ None Foregoing indebtedness entered on {P/R / F/S} ..... None (Date) ..... CMC (Initials)
AWOL from XXX, 19 XX, to XXX 19 XX; AWOP from XXX, 19 XX, to XXX, 19 XX
Remarks .....

I have verified the foregoing entries. J. Futterman JACOB FUTTERMAN, Company Commander.
(Signature) (Name typed) (Grade and organization)

To Finance Officer at .....

4. From 2/19/40 to 12/23/40 under Grazing Department 234th Company at Camp 052, Moab, Utah
Type of work Pick & Shovel- Rock Masonry Manner of performance Good
Transferred to Camp Moore Seagirt, N.J. per paragraph 7 S. O. 284 HPFD Left Company 12/23/40 (Date) Last paid
to include 11/30/40 on voucher No. 1, December (Month), 1940 accounts of MAJOR C.K. McALISTER F.D. (Disbursing officer)
Due U. S. for clothing, $nothing; for equipment, $nothing; per R/H dated none, $nothing; due camp exchange,
234th Company, $nothing; due company fund 234th Company, $ 1.75; due USAMPS, $ nothing;
other indebtedness, $nothing Foregoing indebtedness entered on {P/R / F/S} December 31, 1940 (Date) CMC (Initials)
AWOL from never, 19....., to never, 19.....; AWOP from never, 19....., to never, 19.....
Remarks .....

I have verified the foregoing entries. Leonard R Litman LEONARD R. LITMAN COMPANY COMMANDER
(Signature) (Name typed) (Grade and organization)

To Finance Officer at .....

5. From 2/23/40 to 12/23/40 under War Department 2340 Company at Camp Edwards Mass, N.J.
Type of work Painting Manner of performance Satisfactory
Transferred to ..... per paragraph ..... S. O. ..... Left Company ..... (Date) Last paid
to include ..... on voucher No. ....., ... (Month), 19..... accounts of ..... (Disbursing officer)
Due U. S. for clothing, $.....; for equipment, $.....; per R/H dated ....., $.....; due camp exchange,
..... Company, $.....; due company fund ..... Company, $.....; due USAMPS, $.....;
other indebtedness, $..... Foregoing indebtedness entered on {P/R / F/S} ..... (Date) ..... (Initials)
AWOL from ....., 19....., to ....., 19.....; AWOP from ....., 19....., to ....., 19.....
Remarks .....

I have verified the foregoing entries.
(Signature) (Name typed) (Grade and organization)

To Finance Officer at .....

(Strike out terms not applicable.

3—1000

(4)

Have you been discharged or [illegible] from the CCC for physical disability

V. PHYSICAL EXAMINATION
AT PLACE OF ACCEPTANCE[1]

Defects noted ..... None

I CERTIFY that I have personally examined the applicant, and that, to the best of my knowledge and belief, he {[2] meets / ~~does not meet~~} the physical requirements for enrollment, and is {[2] accepted / ~~not accepted~~} for enrollment in the Civilian Conservation Corps.

If rejected, give reasons .....

Place ..... Signature .....

Date ..... (Name and title, typed or stamped) *Recruiting Officer.*

AT PLACE OF ENROLLMENT

Medical history .....

Ever in a hospital? No For what cause? .....

Ever had the following (answer "Yes" or "No")? Bed wetting No Unconscious spells No Convulsions No

Fits No Coughing or spitting blood No Venereal disease No Asthma No

Remarks .....

Vision: Right eye 20/20 Left eye 20/20 Eye conditions NORMAL

Hearing: Right ear 20/20 Left ear 20/20 Ear, nose, and throat conditions NORMAL

Teeth	Right								Left							
Upper	~~8~~	7	6	5	4	3	2	1	1	2	3	4	5	6	7	~~8~~
Lower	8	7	~~6~~	5	4	3	2	1	1	2	3	4	5	~~6~~	7	8

(Strike out those that are missing; circle those that may be restored)

Mouth and gums NORMAL

Height 70 inches Weight 165 pounds Complexion Ruddy Color of hair Brown

Color of eyes Blue Scars or identifying marks None

General examination (physique, skin, head, chest, abdomen, extremities, etc.) NEGATIVE

General surgical conditions (including hernia, hemorrhoids, varicose veins, and state of abdominal wall and viscera). (Carefully report condition of inguinal rings) NEGATIVE

Organs of locomotion (including bones, joints, muscles, and tendons) NEGATIVE

Cardiovascular system NORMAL

Lungs NORMAL

Neuropsychiatric examination NORMAL

Remarks .....

I CERTIFY that I have carefully examined the applicant and have correctly recorded the results of the examination; and that, to the best of my judgment and belief, he {is / ~~is not~~} mentally and physically qualified for service in the Civilian Conservation Corps.

If disqualified, give reasons .....

Place FORT DIX, N. J. Signature [illegible]

Date ..... HARRY L. [illegible], 1st Lieut. (Name and title, typed or stamped) *Medical Examiner*

RECORD OF IMMUNIZATION
(Each entry must be initialed by the medical officer making it)

Typhoid: First dose [illegible] (Initials) second dose Mar 18 1940 (Initials); third dose [illegible] (Initials)

Smallpox [illegible] (Initials) Result [illegible] (Initials)

Rocky Mountain spotted fever: First dose MAR 4 1940 (Initials); second dose MAR [illegible] (Initials)

Other inoculations ..... (Initials)

PHYSICAL EXAMINATION ON DISCHARGE OR TRANSFER FROM WAR DEPARTMENT CONTROL
ENROLLEE'S STATEMENT
(Must be in enrollee's handwriting)

Have you sustained any disability or physical impairment of any nature during the period of your enrollment in the Civilian Conservation Corps? (Answer "Yes" or "No.") No

If "Yes," what is its exact nature, extent, and probable duration? .....

[illegible] (Enrollee's signature)

[1] For use of receiving officer when physical examination is given at other than place of acceptance for enrollment.
[2] Strike out words not applicable.

From 12/26/40 to 12/29/40 under War Dept. Det. Company 234 at SEA GIRT, N.J.
Type of work AWAITING DISCHARGE, Manner of performance SATISFACTORY.
HONORABLE DISCHARGED per. par. 1 S.O. 69 Left SEA GIRT, N.J. 12/29/40.
Last pay to include 12/29/40 on Voucher No. F/P/R, December, 1940.
Accounts of J.F. LENTZ, CCC Spec. Agent, a/f A.J. MAXWELL, Lt. Col. FD
Due U.S. for clothing, xx$; for equipment, $xx; per R/H Dated xx, $xx, due
camp exchange, xx Company $xx; due Company fund $xx; xx Company $xx; due
U.S.P.S $xx; other indebtedness, $xx;. Fore going indebtedness entered on
F/P/R, 12/29/40. _____ (Initials). AWOL From xx, 19xx; to xx, 19xx;
AWOP From xx, 19xx to xx, 19xx;
Remarks: See previous indorsements concerning indebtedness entered on F/P/R.

I have verified the fore going entries.

Joseph P. Magrane, Sub-Lieut.

Joseph P. Magrane (Name typed) (Grade & Organization)
(Signature)

To Finance Officer at Brooklyn, N.Y. 12/29/40. /whh

MEDICAL EXAMINER'S CERTIFICATE

I CERTIFY that I have carefully examined this member of the Civilian Conservation Corps, and that he shows no essential change in physical condition except as noted below:

Signature CCC

(Date) (Name and title, typed or stamped) *Medical Examiner.*

FINGERPRINT RECORD

Taken at Fort Dix, N.J. Co. CCC, ... by ..... (Signature of officer)

Date forwarded to 2nd Corps Area 1/11/40, 19...; date accepted by corps area 1/17/40, 19...

REMARKS .....

VI. EDUCATIONAL ACTIVITIES

1. GENERAL AND VOCATIONAL EDUCATION

Subject	Date taken	Rating	Subject	Date taken	Rating
	1940	Very			
	Jan Feb Mar	Satisfactory			
Typing	" " "	Very Satisfactory			
Masonry in Stone	" " "	Good			
Leadership	1940	Good			
	apr. May June				
Typing		Very Good			
Masonry in Stone	" " "	Good			
	" " "	Very Good			
None					

2. JOB-TRAINING ACTIVITIES

Type of job	Date taken	Rating	Type of job	Date taken	Rating
	1940				
Cutting pillows	Jan Feb Mar	Good			
	" " "				
	1940				
Carpentry Crew	apr. May June	Very Good			
	" " "				
Reservoir Const.	Satis.				

3. MISCELLANEOUS

Outstanding accomplishments Art None

Certificates earned None None

Personal qualities Pleasing Average

Educational adviser's estimate of enrollee's ability Good type of enrollee - ambitious.

Average type of enrollee

3—10604

VII. APPOINTMENTS AS LEADER OR ASSISTANT LEADER

Rating	Order number and date appointed	Order number and date terminated
at Co. 1212 CCC		effective July 19, 1940
ASST LDR	CO #33 ppl dtd May 1/40 ✓	CO#21, dated August 13, 1940
NONE WHILE AT COMPANY 234, CCC		

VIII. ABSENCES

From—	To—	AWP, AWOP, AWOL	Authority or remarks
		None at Co. 1212 CCC. ✓	
10-8-40	10-12-40	AWP	Reenrollment Leave, Par 39a (1) CCC Reg. W/D 12-1-37

IX. ILLNESS AND INJURY

From—	To—	Misconduct? "Yes" or "No"	Diagnosis	(Quarters) (Infirmary) (Hospital; give name of hospital)	State which CA forms submitted, if any, with dates
			None at Co. 1212 CCC. ✓		
NONE AT COMPANY 234, CCC					

X. SPECIAL SCHOOLS OR COURSES ATTENDED (such as cooks and bakers, first-aid, mechanics, etc., not conducted by camp authorities)

School or course attended	Location	From—	To—	Proficiency
None at Co. 1212 CCC. ✓				
NONE AT COMPANY 234, CCC				

XI. ALLOTMENTS

1. [illegible] (Name of allottee) [illegible] (Number and street or rural route) [illegible] (City and State)

$ [illegible] [illegible] (From) 12/29/40 (To)

2. .... (Name of allottee) .... (Number and street or rural route) .... (City and State)

$ .... (From) .... (To)

3. .... (Name of allottee) .... (Number and street or rural route) .... (City and State)

$ .... (From) .... (To)

Selecting agency notified of termination of allotment:

1. Date 12/29/40 Initials [illegible]
2. Date .... Initials ....
3. Date .... Initials ....

XII. DEPOSITS

1. $............ .... (From), 19...., ... (To), 19....
2. $............ .... (From), 19...., ... (To), 19....
3. $............ .... (From), 19...., ... (To), 19....

DEPOSITS						WITHDRAWALS (Certificate No. under "Deposits")			
Voucher			Deposit Certificate No.	Amount	Initials	Date Authorized	Amount	Voucher Sent to Finance Officer at—	Initials
No.	Month	Finance officer							

a—10604

Changes in rates or termination of deposits by selecting agency:

1. .... Date and initials ....
2. .... Date and initials ....
3. .... Date and initials ....

XIII. DISCHARGE

ESTIMATE OF ENROLLEE'S VALUE (To be made by company commander for company overhead; by project superintendent for work section)

IT THE CONDUCT AND MANNER OF PERFORMANCE OF THIS ENROLLEE AS SATISFACTORY.

Fred C. Jewkes — Fred C. Jewkes — Project Superintendent
(Signature) (Name typed) (Grade and organization or title)

ENROLLEE'S TRANSPORTATION STATEMENT

I elect [8] To be furnished transportation to Buffalo, New York and I agree to accept the transportation elected and furnished as full and complete settlement of the Government's obligation to furnish me transportation.

~~I elect [8] To be furnished transportation to _____ and I agree to accept the transportation elected and furnished as full and complete settlement of the Government's obligation to furnish me transportation, and I hereby waive my rights to transportation hereafter.~~

Chester T. Sherk
(Enrollee's signature)

CERTIFICATE OF EMPLOYMENT

COMPANY COMMANDER'S CERTIFICATE (for use when appropriate):

I CERTIFY that I have investigated the (offer of employment) (urgent and prop. call) (intention to return to school)[8] of this enrollee and that I am satisfied that it is bona fide.

Signature _____

(Name, grade, and organization, typed or stamped) *Company Commander.*

Remarks: Discharged because of ETS. The provisions of para 10 a CCC Reg. No. 1 have been read to enrollee prior to discharge. Enrollee advised that upon discharge I will receive no compensation act and attended sex hygiene and sanitation lecture at Fort Dix, N. J. except as indicated in para 10 a and that the government will assume no responsibility for my maintenance or support subsequent to my discharge. Registered for the Selective Service Act, October 16, 1940 LRC

Enrollee's signature Chester T. Sherk

TYPE OF DISCHARGE: [8] Honorable; ~~administrative; dishonorable~~

DISCHARGED 12/29/40 (date) from Det. 234 Company, C. C. C. Camp Moore, Sea Girt, New Jersey

District, because of ETS

Transportation furnished from Sea Girt, New Jersey to Buffalo, New York

~~I shall send~~ (final payment roll)[8] to include 12/29/40, 19....., forwarded to the Finance Officer,

at Brooklyn, New York on 12/29/40, 19....

I have been notified that I cannot again be accepted for enrollment for a period of 6 months (Enrollee's initials)

Signature Joseph P. Mugrano

Joseph P. Mugrano, Captain
(Name, grade, and organization, typed or stamped) *Company Commander.*

XIV. SIGNATURE OF OFFICERS INITIALING ENTRIES

Initials	Signature	Name typed or printed
MJ	Joseph P. Mugrano	GEORGE H SEITZ JR., Company Commander.
LRC	Joseph P. Mugrano	JACOB FLETTNER, Company Commander.
	Joseph P. Mugrano	LIVINGSTON R. [illegible], Com. Surg. USPHS

[8] Line out the one that is not applicable.

U. S. GOVERNMENT PRINTING OFFICE 9—30004

Form PA-123

CERTIFICATE OF SELECTION

For Enrollment in the

CIVILIAN CONSERVATION CORPS

Date Jan. 3, 1940

EER

Applicant's Name Skrck, Chester (Last name) (First name) (Middle name)

Address 67 Clark

Post Office Buffalo,

State of New York, Erie County

Application received by

Local Agency

Address

City or Town

SECTION 1.

Age 20 Place and date of birth Buffalo, N. Y. (City and State) 9/25/19 (Month) (Day) (Year)

If not born in the United States, have you been naturalized? First papers (Date) (Place) Final papers (Date)

Height 60" (Minimum: 60 in.) Weight 170 (Minimum: 107 lb.) Color of eyes blue Color of hair blonde

Applicant's marital status Is your father living? (Yes or no) Mother living? (Yes or no)

How many brothers? 1 Sisters? 3 Occupation of principal wage earner of family? ~~Molder~~ Clerical

How many members of your family reside in the same household with you? (excluding applicant) 4 (Number)

Do you live on a farm? no (Yes or no) If so, is the farm owned by your family? (Yes or no)

Do you live in a town or village of less than 2,500 persons, or in a rural area, and *not on a farm*? no (Yes or no)

Do you live in a town or city of 2,500 or more persons? yes (Yes or no) If so, give population 599,270

How long have you resided in this State? 20 (Years) This county? 20 (Years) Population of county 762,400

SECTION 2.

School last attended East High (Name of school) Located at Buffalo, N. Y. (City and State) Date of leaving June '37

Education: {*Circle highest grade completed*} Grammar or grade school, 1 2 3 4 5 6 7 8. High school, 1 2 (3) 4. College, 1 2 3 4

Special educational or vocational interests

SECTION 3.

Are you now unemployed? yes (Yes or no) How long unemployed? 4 (Months) Do you need employment? yes (Yes or no)

Have you ever had a paid regular job? yes (Yes or no) If so, give date last job ended 9/1/39 Social Security Account No. 122-10-7236

Registered with State Employment Service? No (Yes or no) Work best qualified for Clerical

If previously employed, give consecutive statement of your work history in space below (*list latest job at top*):

	Name and Address of Employer	Nature of Work Performed	Inclusive Dates of Employment From—	To—
1.	Lawtons Canning Co., Lawtons, NY	Cooking	7/15/39	9/1/39
2.				
3.				
4.				
5.				

Total months of all paid regular employment to date 1½

SECTION 4.

Applicant's reason(s) for desiring C. C. C. enrollment To aid family financially

(This form to be completed on reverse side)

SECTION 5.

Previously enrolled in C. C. C.? no (Yes or no) C. C. C. serial number _____ If so, list all previous service below:

	Company Number	Length of Service		Date Enrolled	Date Discharged	Type of Discharge Hon., Adm., or Dishon.
		Months	Days			
1.						
2.						
3.						

Total length of all previous service in Civilian Conservation Corps: Months _____ Days _____

SECTION 6. DESIGNATION OF ALLOTTEE

(Required for all juniors having dependents. Juniors without dependents will use Section 7)

Allotment from monthly cash allowance desired by applicant to be made to dependent(s) as follows:

Name Skrok, Agnes (Last name) (First name) (Middle name) Relationship mother

Address 67 Clark st., Buffalo, N. Y. Amount per month $22.00

Name _____ (Last name) (First name) (Middle name) Relationship _____

Address _____ Amount per month _____

In addition to allotment, applicant desires deposit in the amount of $_____ per month.

SECTION 7. AUTHORIZATION FOR DEPOSIT IN LIEU OF ALLOTMENT

(Completion of this Section required in all cases in which Section 6 is not used)

I. From the Selecting Agency: It is hereby certified, pursuant to regulations issued under section 9 of the Act to establish the Civilian Conservation Corps effective July 1, 1937, that through verification of the status of the applicant named herein, proper assurance has been obtained that he does not have any dependent member or members of his family to whom an allotment can be made. In order to be selected and enrolled in the Corps he is therefore required to agree to make a monthly deposit of pay in the amount of $_____ with the Chief of Finance, War Department, to be repaid normally upon completion of or release from enrollment.

Selecting Agent's signature *(ink)* _____

II. From the Applicant: In accordance with the aforementioned Act and regulations prescribed thereunder by the Director of the Corps, I hereby certify that I do not have any dependent member or members of my family to whom an allotment of pay can be made, and I agree to make a monthly deposit of pay with the Chief of Finance, War Department, in the amount specified above, to be repaid normally upon completion of or release from enrollment.

Applicant's signature *(ink)* _____

SECTION 8.

The statements contained in the foregoing Sections are true, to the best of my knowledge. I desire to be enrolled in the Civilian Conservation Corps for a period of 6 months unless earlier released in accord with law and established regulations. If I am accepted and enrolled, I agree to abide faithfully by the rules and regulations of the Corps and am willing to be assigned to any C. C. C. camp within the continental United States.

Applicant's signature *(ink)* x Walter Skrok

SECTION 9. THE OFFICE OF THE DIRECTOR (Division of Selection) C. C. C.

Certifies that the above-named applicant has been properly selected for enrollment as a Junior in the Civilian Conservation Corps

For completion of his enrollment, including physical examination, he has been directed to report to C. C. C. acceptance officers at _____ on _____, 19____ at _____ {a. m. / p. m.

STATE DEPARTMENT OF SOCIAL WELFARE
112 State Street Albany, N. Y.
DAVID C. ADIE, Commissioner of Social Welfare

By _____
(Ink signature of authorized selecting agent)

_____
(Official designation)

1 TO ARMY

C. C. C. 21, Form No. 2
November 1937

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF EDUCATION

C C 2-37-1-32

See "Instructions Regarding Preparation of Enrollee's Cumulative Record Card"

Civilian Conservation Corps Enrollee's Cumulative Record

I. PERSONAL HISTORY

Name Sbrok Chester J (Last) (First) (Middle) Race White Date of C. C. C. enrollment 1-10-1939 Date of record 1-22-1939

Home address 67 Clark St. (Street or R. F. D.) Buffalo (City) N.Y. (State) | Company No. 1312 Camp No. S-2 Camp address [illegible] | Transfer: Co. No. ..... Camp No. ..... Camp address .....

Type of home community: Urban ✓; rural nonfarm .....; rural farm .....

Birthplace Buffalo N Y Date of birth 9-25-1919 (Month) (Day) (Year) Height 5'0" Weight 170 Religion Catholic

Marital status: Single ✓ / Married / Divorced — Membership—Clubs, fraternal and military organizations None

Father John Sbrok (Name) Nationality Polish Citizen Yes Education unknown Occupation Deceased

Mother Agnes Sbrok (Name) Nationality Polish Citizen No Education unknown Occupation Housewife

PREVIOUS EDUCATION

SCHOOL	LOCATION	YEARS COMPLETED (Circle proper number)	DATE LEFT	DATE GRADUATED	MAJOR COURSE	DIPLOMA OR DEGREE
St Stanislaus School	Buffalo N.Y.	Elementary 1 2 3 4 5 6 7 (8)	6-1932	6-1933	Elementary	Diploma
East High School	" " "	High School 1 (2) 3 4 5	6-1938	none	General College entrance	none
		College 1 2 3 4 5				

PREVIOUS OCCUPATIONAL EXPERIENCE

COMPANY OR FIRM	ADDRESS	NATURE OF BUSINESS	DATES EMPLOYED	POSITION	REMARKS
Lawtons Canning Co	Lawtons N.Y.	Canning Co.	7-15-38	Cooking	none
			9-1-38		

Occupational preference: Office Work (First choice) Carpentry (Second choice)

(OVER)

II. COMPANY RECORD

Name *Skrok, Chester J.* (1940) Age *20* (1940) | Company No. 1212 | Transfer Co. No. | Camp No. F-[illegible] | Camp No. | Camp address [illegible] | Camp address

Date of term: 1940 Jan. Feb. Mar. | Apr. May. June | *Jul.-Sep. 40* | *Oct.-Dec./40*

CLASS RATING	SUBJECT	Grade	SUBJECT	Grade	SUBJECT	Grade	SUBJECT	Grade	SUBJECT	Grade	SUBJECT	Grade	SUBJECT	Grade
Suggested Code Very Good—VG Average—A Passing—P Unsatisfactory—U	Typing Theory in Stone Masonry Leadership	VG VG VG	Typing Theory in Stone Masonry Leadership	VG VG	None (Side Camp)		Typing	A.V.						

INSTRUCTION ON THE JOB	Type of Job	Hours per Month	Type of Job	Hours per Month	Type of Job	Hours per Month	Type of Job	Hours per Month	Type of Job	Hours per Month	Type of Job	Hours per Month	Type of Job	Hours per Month
	Cutting willows	4	Carpentry Crew	4	Res. C. S.	5	Reservoir Const.	5						

Comments by camp superintendent	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Comments by company commander	Satisfactory	Satisfactory	Satisfactory	Good boy
Comments by camp adviser	Satisfactory	Satisfactory	Cooperative	
Name of adviser	C. E. Mitchell	C. E. Mitchell	D. A. Christensen	
Avocational interests	Reading	Reading and Typing	Sport	Sports
Outstanding accomplishments	Art		None	None
Personality qualities	Passing	Passing	Average	Good
Physical health	Good	Good	Normal	Good
Attitude in camp	Good	Good	Good	Good

Date, purpose, and result of interviews: Interviewed Jan. *24*, 1940 for card data and general information. *3-21-1940 Quarterly card data up to date.* *6-22-1940 Quarterly card data up to date for card information.* *7/21/40 Educ. Interests.*

Date of discharge *12/29/40* Reason *E. T. E.* Job secured with .... (Name of employer) (Address) (Kind of business)

Position and duties .... Rate of pay

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