

Standard Form 86

AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-106SECURITY INVESTIGATION DATA
FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS.— Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME <i>(Initials and abbreviations of full name are not acceptable. If no middle name, show "(NMM)"; if initials only, show "(no given or middle name)"</i>	(LAST NAME) WILLIAMS	(FIRST NAME) OGDEN	(MIDDLE NAME) —	2. DATE OF BIRTH 22 JAN 1920
OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.) —				3. PLACE OF BIRTH New York, N.Y
				4. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
				5. HEIGHT 6-0 WEIGHT 185 COLOR EYES gray COLOR HAIR gray
6. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input checked="" type="checkbox"/> DIVORCED	7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. <i>(Give same information regarding all previous marriages and divorces.)</i>			

8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
6-7-62	April 63	{ 924 - 2545 NW { 905 (?) 34th }	Washington	DC
April 63	July 64	4 USAID	SAIGON	VIETNAM
July 64	Jan 65	2121 Virginia Av. NW Lockheed, Inc.	Washington	DC
" (also)	"		Lost River, West VA.	
Jan 65	July 66	c/o USAID	TUNIS	TUNISIA
July 66	present	c/o USAID	SAIGON	VIETNAM

* According to my recollection.

9. <input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED	ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT
<input checked="" type="checkbox"/> U.S. CITIZEN	CERT. NO.	PETITION NO.
<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S).		
<input type="checkbox"/> ALIEN	REGISTRATION NO.	NATIVE COUNTRY
DATE AND PORT OF ENTRY		

10. EDUCATION. (All schools above elementary.)

NAME OF SCHOOL ADDRESS FROM (Year) TO (Year) DEGREES

None since 6-7-62, except took private pilot course
and license in Tunisia, 1965-66.

11. THIS SPACE FOR FBI USE. (See also item 29.)

12. SOCIAL SECURITY NUMBER **4**13. MILITARY SERVICE (Past or present) **Yes**

SERIAL NO. <i>(If none, give grade or rating at separation)</i>	BRANCH OF SERVICE <i>(Army, Navy, Air Force, etc.)</i>	FROM (Yr.)	TO (Yr.)
0-501923	ARMY AIR FORCES	1942	1946

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If answer is "Yes," give details in item 28.)					
15. EMPLOYMENT. (List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)					
FROM	TO	NAME OF EMPLOYER (Firm or agency) AND SUPERVISOR (Full name, if known)	ADDRESS (Where employed)	TYPE OF WORK	REASON FOR LEAVING
<p>6-7-62 to Present - <i>Am Agency for International Development</i> <i>Washington 25, DC</i></p>					
16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO.					
17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)					
18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? (You may omit: (1) Traffic violations for which you paid a fine of \$30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:					
DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN	
<p>(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)</p>					

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? YES NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). (Exclusive of military service.)

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
France	JUNE 1930	AUG 1930	Tourist
World War II - England, France, Spain, South America, India (1942-45)			War, Service
Germany, France, England, Spain, Mexico, Venezuela			US Govt Service
Tunisia, Japan, Philippines		(1951 - Present)	

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? YES NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
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24. MEMBERSHIP IN OTHER ORGANIZATIONS. (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.) (If none, so state.)

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
Harvard Club of New York	27 W. 44 th St New York NY	club	1948	Present - no longer	
Aircraft Owners & Pilots Association	Washington DC		1968	Present now	

25. RELATIVES. (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Mother	Helen Odile Williams	1878	455 E 57 th St New York NY	USA	USA
Brother	John Belvoir Williams	1914	831 Blackwell Rd. Sladysburg PA	USA	USA
Brother	Andrew Murray Williams	1916	1604 Federal Bldg. Washington DC	USA	USA
Sister	Hope Williams Wigfall	1922	Death Ward Argille Road	USA	USA
Divorced Spouse	Anne Ellis Thompson	1927	1491 Main, Mass Unknown	USA	USA
	Gartner				

26a. REFERENCES. (Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Leonard Maynard	Cherry Chase Md	cb AID Washington	10 approx.
Ant. Ellsworth Bunker	Saigon, Vietnam	U.S. Embassy, Saigon	8
And. Rep. Henry Cabot Lodge	Washington, D.C.	Dept. of State 6th Floor, D.C.	4
DAVID DIBBLE	ACRA, GITANA	10 U.S.A.I.D. ACCRA	3

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Leonard Maynard	above	above	above
Carol G. Schreiber	TUNIS, TUNISIA	USAID/TUNIS	3
David Dibble	ACRA, GITANA	USAID/ACCRA	3
DR. H. CLAY FRICK	180 FT. WASHINGTON AVE	→ New York N.Y.	35

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? YES NO. (If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.) CIA - 1951; AID - 1962

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

27. I assume Top SECRET or more.

29. REPORT OF INFORMATION DEVELOPED. (This space reserved for FBI use.)

DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

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

False statement on this form
is punishable by law.

April 22, 1968

(DATE)

Glen Sullivan
(SIGNATURE—Sign original and first carbon copy)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the proposed appointment in the other spaces for appointment data. The original and the first carbon copy should be signed by the applicant or appointee. Submit the original and the unsigned carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT <input type="checkbox"/> EXCEPTED <input type="checkbox"/> COMPETITIVE. (Include indefinite and temporary types of competitive appointments.)	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:	
THIS IS A SENSITIVE POSITION			