

# STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-R057.1.  
Approval expires 30 June 1956.

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. <input checked="" type="checkbox"/> <b>Print</b> FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input type="checkbox"/> MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/> MISS <b>Rosaire Adelard Charest</b>		2. STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY ON ACTIVE DUTY			
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) Nickname "Joe"		4. PERMANENT MAILING ADDRESS <b>146 Gaulin Avenue Woonsocket R.I.</b>			
5. DATE OF BIRTH (Day, month, year) <b>7 Nov. 1930</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Manville, Prov. R.I., U.S.A.</b>	PLACE CERTIFICATE RECORDED <b>Providence Rhode Island</b>		
RACE <b>White</b>	HEIGHT <b>5'8"</b>	WEIGHT <b>131</b>	COLOR OF EYES <b>Blue</b>		
COLOR OF HAIR <b>Brown</b>	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>None</b>				
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.					
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/>	IF NATURALIZED, CERTIFICATE NO. <b>N/A</b>	IF DERIVED, PARENTS' CERTIFICATE NO(S). <b>N/A</b>		
DATE, PLACE, AND COURT <b>N/A</b>	ALIEN REGISTRATION NO. <b>N/A</b>	NATIVE COUNTRY <b>N/A</b>	DATE AND PORT OF ENTRY <b>N/A</b>		
DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>8. MILITARY SERVICE</b>					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. <b>A/3c AF 11 185 809</b>	SERVICE AND COMPONENT <b>U.S.A.F. Reg</b>	ORGANIZATION AND STATION <b>1875th AACRON Mats Stead AFB Nev</b>	DATE CURRENT ACTIVE SERVICE STARTED <b>29 Dec 55</b>		
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. <b>N/A</b>	SERVICE AND COMPONENT <b>N/A</b>	ORGANIZATION AND STATION OR UNIT AND LOCATION <b>N/A</b>			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY <b>U.S.A.</b>	SERVICE COMPONENT <b>U.S.A.F. Reg</b>	FROM (Date) <b>28 Dec 48</b>	TO (Date) <b>20 Oct 52</b>		
TYPE DISCHARGES OR SEPARATIONS <b>Honorable</b>	GRADE AND SERVICE NO. <b>A/3c AF 11 185 809</b>				
<b>9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)</b>					
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL		GRADUATE	DEGREE
FROM	TO			YES	NO
<b>Sept 1936</b>	<b>June 1946</b>	<b>St. Ann Parochial School Woonsocket R.I.</b>		<input checked="" type="checkbox"/>	<b>None</b>
<b>Sept 1946</b>	<b>Oct 1948</b>	<b>Mt. St. Charles Academy Woonsocket Rhode Island</b>		<input checked="" type="checkbox"/>	<b>None</b>
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)					
RELATION AND NAME	DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN
	YES	NO			
FATHER <b>Edphonse Charest</b>	<b>10 Mar 1890 P. of Que Canada</b>		<b>DECEASED</b>		<input checked="" type="checkbox"/>
MOTHER (Maiden name) <b>Emilie Duchette</b>	<b>22 June 1888 St. Dides P. of Que. Can.</b>		<b>130 Gaulin Ave. Woonsocket R.I.</b>		<input checked="" type="checkbox"/>
SPOUSE (Maiden name) <b>Bro. Louis G. Charest</b>	<b>4 Oct 1918 P. of Que. Can.</b>		<b>586 Grove St. Woon. R.I.</b>		<input checked="" type="checkbox"/>
OTHER (Specify) <b>Bro. Armand Charest</b>	<b>16 Aug 1925 Woon. R.I.</b>		<b>115-26-126th St. So Ozone Pk. 20 N.Y.</b>		<input checked="" type="checkbox"/>
<b>Sis. Marguerite Paquin</b>	<b>19 Sept 1917 Grand Mere P. of Que Can.</b>		<b>1670 Mendon Rd Woon. R.I.</b>		<input checked="" type="checkbox"/>
<b>Sis. Therese Hurteau</b>	<b>9 June 1920 Pawtucket R.I.</b>		<b>31 Irving St. Sc. Bellingham Mass.</b>		<input checked="" type="checkbox"/>
<b>Sis. Rita Danese</b>	<b>21 Sept 1921 Pawtucket R.I.</b>		<b>188 Cottage St Woon R.I.</b>		<input checked="" type="checkbox"/>

OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
SEE ATTACHED SHEETS		LISTING RELATIVES IN FOREIGN COUNTRIES.		

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM	TO		
July 46	July 46	Canada	Visiting Relatives.

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM	TO			
28 Dec 48	20 Oct 52	U.S.A.F. 146 Gaulin Avenue Woonsocket, R.I.	Unknown	Discharged
Oct 1952	Apr. 53	Unemployed	N/A	
Apr 53	Oct 53	Hassenfeld Bros Central Falls R.I. 146 Gaulin Avenue Woonsocket R.I.	Mr Frank Divozzi	Lack of Work
Oct 53	Feb 54	UNEMPLOYED	N/A	
Feb 54	Nov 54	Hassenfeld Bros Central Falls RI 146 Gaulin Avenue Woonsocket R.I.	Mr Frank Divozzi	Fired
Nov 54	Mar 55	UNEMPLOYED	N/A	
28 Mar 55	1 Aug 55	Comm. School Fort Sill, Oklahoma	Unknown	Graduated
Aug 55	Oct 55	UNEMPLOYED	N/A	
Oct 55	Nov 55	Zupper Corp. Plaskettone Mass.	Unknown	Lack of Work
Nov 55	Dec 55	Swank inc Hazel St Attleboro Mass. National Guard Woon, RI	Mr Ray Lachance	Join USAF
19 May 54	28 Dec 55	Btry "B" 243rd AAA Bn (Gun 90mm)	Capt Clair J. Bent Jr	Join USAF.

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE?  YES  NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY?  YES  NO HAVE YOU EVER BEEN REFUSED BOND?  YES  NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

035-20-8096

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)

NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
Paul Bros	3	28 Main Street	Woonsocket	R.I.
DiCharme Variety Store	5	136 Gaulin Avenue	Woonsocket	R.I.
Calcoine Liquid Store	3	596 Social Street	Woonsocket	R.I.
Mr & Mrs Leo Charebo	2 1/2	33 Brook Street	Woonsocket	R.I.
Mr & Mrs Joseph Laramee	1	33 Brook Street	Woonsocket	R.I.
Mr & Mrs Roger Cadieux	7	110 Robinson Street	Woonsocket	R.I.
Mr & Mrs Romeo Poirier	3	153 Everett Street	Springfield	Mass.
Mr & Mrs Edward Rondeau	3	184 Carew Street	Springfield	Mass

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937

MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM	TO			
Dec 1936	Nov 39	28 Rathburn Street	Woonsocket	Rhode Island
Nov 39	Dec 48	146 Gaulin Avenue	Woonsocket	Rhode Island
dec 48	Oct 52	U.S.A.F.	N/A	
Oct 52	Dec 55	146 Gaulin Avenue	Woonsocket	Rhode Island
Dec 55	Present	U.S.A.F.	N/A	

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM	TO
Amvets Bourden St Woon RI	Professional	Bourden Street	Nov 53	Dec 54
Franco American War Vets				
Willow St. Woonsocket R.I.	Professional	Willow Street	Dec 54	Present

17.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE 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?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER; PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE.  YES  NO IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

20. REMARKS

REFERENCE ITEM #10

Sis. Lucille Duclos 13 Dec 1922 Woonsocket R.I. 122 Farm St. Woonsocket R.I.  
 Sis. Claire Forand 2 Nov 1924 Manville R.I. 136 Gaulin Ave. Woonsocket R.I.  
 Sis. Noella Forand 15 Dec 1927 Manville R.I. 142 Gaulin Ave. Woonsocket R.I.

Mother  
 Emelie Frechette Charest  
 Naturalization Certificate # 7146765 11 May 1953 Woonsocket Rhode Island

Sister  
 Marguerite Albina Charest Paquin # 6096243 10 Jan. <sup>RAC</sup> 1944 Providence Rhode Island

Brother  
 Joseph Louis George Moise Charest # 6414859 4 Dec 1944 Providence Rhode Island

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH. (See U. S. Code, title 18, section 1001)

DATE 16 March 1956  
 SIGNATURE OF PERSON COMPLETING FORM *Bonnie A. Charest*  
 TYPED NAME AND ADDRESS OF WITNESS A/lc Dennis G Tracy, Ass't Scty NCO  
 SIGNATURE OF WITNESS *Dennis G. Tracy*

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  
 BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  
 PAFSC: 29331 DAFSC: 29351. Intercept Radio Operator. Requires access to information and materials up to an ~~X~~ including SECRET. A search of individuals records failed to reveal any derogatory information. Form 98 is completed and on file in airma's 201 file.

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION
NONE		

REMARKS  
 NONE