

EDS ELECTRONIC DATA SYSTEMS CORPORATION

DATE: 3/12/74

PERSONAL

NAME:

LAST DAVIS FIRST RONALD MIDDLE LEE

ADDRESS: [REDACTED] HOW LONG AT ADDRESS: 2 mo.

DAY-AREA CODE-NO. [REDACTED] NIGHT-AREA CODE-NO. [REDACTED] SOCIAL SECURITY NUMBER: 1

NOTE: YOU ARE NOT REQUIRED TO COMPLETE THE INFORMATION IN THIS CATEGORY, BUT YOU MAY DO SO, IF YOU DESIRE.

DATE OF BIRTH: [REDACTED] HEIGHT: 5'10" WEIGHT: 174 LBS

CHECK EACH CATEGORY	YES	NO		FIRST NAME	AGE
MARRIED (YEAR) _____			SPOUSE	<u>PATRICIA ANN</u>	<u>26</u>
DIVORCED	<input checked="" type="checkbox"/>		CHILDREN <u>3</u>	<u>SHERI ANN</u>	<u>9</u>
SPOUSE WORK				<u>RHNDALL HAYNE</u>	<u>3</u>
RENT HOME				<u>GINA MICHEL</u>	<u>1</u>
INCOME OTHER THAN JOB			OTHER DEPENDENTS		
(IF YES, EXPLAIN) _____			(NAME & RELATIONSHIP)		

U.S. CITIZEN: YES VISA TYPE: _____ NO. _____ EXP. DATE: _____ DRAFT STATUS: 3A

HAVE YOU EVER HAD A SECURITY CLEARANCE?

SECRET TOP SECRET OTHER: _____

EMPLOYMENT HISTORY (LIST MOST RECENT POSITION FIRST.)

1. COMPANY NAME 2. ADDRESS	1. TYPE OF WORK PERFORMED/TITLE 2. NAME & TITLE OF IMMEDIATE SUPERVISOR	LENGTH (MONTHS)	MO./YR. START- END	REASON FOR LEAVING	SALARY START-END
<u>1. PETERSON'S TMA</u>	<u>CASHIER CHECKER</u>	<u>4/72</u>		<u>PAY</u>	<u>41 per hr.</u>
<u>2. SERVICE BUREAU</u>	<u>PRODUCE MANAGER</u>				
<u>COOP. IBM</u>	<u>DATA TIME KEEPER</u>	<u>3/70</u>		<u>WANTED TO TRANSFER</u>	<u>120.00 WK</u>
1. _____					
2. _____					
1. _____					
2. _____					
1. _____					
2. _____					

DESCRIBE YOUR MOST SIGNIFICANT ACCOMPLISHMENT DURING YOUR EMPLOYMENT.

PROMOTED TO SENIOR OPERATOR

MILITARY

BRANCH OF U.S. MILITARY SERVICE

HIGHEST RANK OBTAINED

TYPE OF DISCHARGE/DATE OF DISCHARGE

RESERVES:

ACTIVE

INACTIVE

DESCRIBE THE MOST INTERESTING ASSIGNMENT YOU HAD WHILE IN THE SERVICE.

EDUCATION

	NAME OF SCHOOL/CITY	MAJOR	DEGREE	RELATIVE STANDING	GRADE AVERAGE	DATES ATTENDED
HIGH SCHOOL	LINDEN MCKINLEY	MATH			B	63-66
UNDER-GRADUATE	CENTRAL STATE UNIVERSITY	EDUCATION			C	66-68
UNDER-GRADUATE						
GRADUATE						
TECHNICAL						
SUBJECT OF YOUR THESIS			PERCENT OF COLLEGE EXPENSES YOU EARNED.			
LIFE IN AMERICA			40%			

PUBLICATIONS OR PAPERS YOU HAVE AUTHORED:

ORGANIZATIONS

(YOU NEED NOT LIST ANY ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY OR SEX OF ITS MEMBERS.)

	COLLEGE	PRESENT
SOCIAL		
CIVIC		
PROFESSIONAL		
OFFICER IN ANY ORGANIZATION		
ATHLETIC INTERESTS AND HOBBIES		

DESCRIBE ANY LEADERSHIP EXPERIENCE YOU MAY HAVE HAD IN COLLEGE, THE SERVICE, EXTRACURRICULAR ACTIVITIES OR JOBS. (CONTINUE ON SEPARATE SHEET, IF NECESSARY.)

GIVE A SUMMARY OF YOUR CAREER OBJECTIVES. (CONTINUE ON SEPARATE SHEET, IF NECESSARY.)

TO FURTHER MY KNOWLEDGE OF DATA PROCESSING

LIST SIGNIFICANT ACTIVITIES, HONORS, OR OTHER ACCOMPLISHMENTS ACHIEVED SINCE YOU WERE SIX YEARS OLD. (CONTINUE ON SEPARATE SHEET, IF NECESSARY.)

MOST VALUABLE FOOTBALL PLAYER IN HIGH SCHOOL - 1964
MOST LIKED MALE 10th GRADE

PHYSICAL CONDITION

PHYSICAL DEFECTS OR HANDICAPS, IF ANY

NONE

HOW MUCH TIME HAVE YOU LOST FROM WORK BECAUSE OF ILLNESS THE PAST YEAR?

NONE

CHECK EACH OF THE FOLLOWING CONDITIONS WHICH YOU NOW HAVE OR EVER HAVE HAD:

- | | | |
|---|--|---|
| <input type="checkbox"/> CANCER | <input type="checkbox"/> HEMORRHOIDS OR
RECTAL TROUBLE | <input type="checkbox"/> FEMALE DISORDERS |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> VARICOSE VEINS | <input type="checkbox"/> PROSTATE TROUBLE |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> KIDNEY OR BLADDER
TROUBLE | <input type="checkbox"/> SEVERE HEADACHES |
| <input type="checkbox"/> HEART DISEASE, OR | <input type="checkbox"/> DISEASE OF STOMACH
OR INTESTINES | <input type="checkbox"/> NERVOUS OR MENTAL
ILLNESS |
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> ARTHRITIS OR
RHEUMATISM | <input type="checkbox"/> ANY OTHER DEFORMITY,
AILMENT OR INJURY
(EXPLAIN ON NEXT LINE
BELOW) |
| <input type="checkbox"/> GALL BLADDER TROUBLE | <input type="checkbox"/> BACK TROUBLE | |
| <input type="checkbox"/> EPILEPSY | | |
| <input type="checkbox"/> HERNIA | | |
| <input type="checkbox"/> ASTHMA | | |

IF YOU HAVE NOT SUFFERED FROM ANY OF THESE, WRITE "NONE"

NONE

LIST ANY OF THE ABOVE, OR OTHER DEFORMITY, AILMENT OR INJURY YOUR WIFE OR CHILDREN SUFFERED OR ARE SUFFERING:

NONE

FAMILY PHYSICIAN (NAME)

DR. LEEDY

STREET OR BUILDING

CLEVELAND AVE. MEDICAL CENTER

CITY

PHONE NUMBER

EMERGENCY INFORMATION

STATE NAME, ADDRESS AND TELEPHONE NUMBER OR PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

ROSALIE DAVIS

NAME



ADDRESS

PHONE

WHAT AO, AGENCY, OR INDIVIDUAL REFERRED YOU TO EDS?

FEDERATED DEPARTMENT STORES

FAMILY

	YOURS	SPOUSE'S
PRINCIPAL U. S. CITY OF RESIDENCE DURING YOUR CHILDHOOD	CHARLESTON W. VA.	COLUMBUS, OHIO
APPROXIMATE YEARS IN THIS CITY	21 yrs	26 yrs
FATHER'S OCCUPATION	7-11 PASTED	ENGINEER
MOTHER'S OCCUPATION	BANKER	—
NUMBER OF BROTHERS	6	2
NUMBER OF SISTERS	2	1
SPOUSE'S COLLEGE/YEAR GRADUATED		
NONE		
SPOUSE'S OCCUPATION		
TELEPHONE OPERATOR		

CRIMINAL OFFENSES

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (YES - NO) **NO**

IF YES, GIVE DATE, PLACE OF OFFENSE AND THE RESULT OF SUCH CONVICTION

FINANCIAL CONDITION

SAVINGS	INVESTMENTS
\$	\$
COST OF HOME	MORTGAGE ON HOME
\$	\$
COST OF CAR(S)	INDEBTEDNESS ON CAR(S)
\$ \$ 4,800	\$ \$ 2,700
AMOUNT OF OTHER INDEBTEDNESS	
\$ \$ 1,800	
COMMENTS:	

REFERENCES

(THESE REFERENCES WILL BE CONTACTED ONLY UPON YOUR APPROVAL.)

PERSONAL (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)

NAME	OCCUPATION & TITLE	ADDRESS	PHONE NUMBER (LOCAL)
1. ALFRED ROWE	WORKS FOR DOSC		
2. HAROLD MILLS	STEEL WORKER		
3. TOM WEBSTER	CUSTOMER ENGINEER IBM		

BUSINESS

NAME	OCCUPATION & TITLE	ADDRESS	PHONE NUMBER (LOCAL)
1.			
2.			
3.			

BANK

NAME	ADDRESS
1. HUNTINGTON NATIONAL	
2.	
3.	

Philip L. Harris
SIGNATURE

3/22/74
DATE

OPERATING SYSTEMS EXPERIENCE

1. LIST MANUFACTURER, MOEEL NUMBERS, LENGTH OF EXPERIENCE (IN MONTHS), AND GENERAL APPLICATION AREAS FOR ALL COMPUTER SYSTEMS WHICH YOU HAVE OPERATED. ALSO, GIVE THE OPERATING SYSTEMS AND RELEASE NUMBERS YOU HAVE RUN UNDER.

MANUFACTURER	MOEEL	LENGTH OF EXPERIENCE	APPLICATION AREA	OPERATING SYSTEMS	RELEASE NUMBERS
A. 360-40	40	3 yrs.	RDC		
B. 370	145	3 yrs	RDC		
C. 370	145	3 yrs	RDC		
D.					
E.					
F.					
G.					

2. LIST MODEL NUMBERS AND TYPE OF DEVICE FOR ALL PERIPHERAL AND TAB EQUIPMENT WHICH YOU HAVE WORKED WITH AND ON WHICH YOU CAN BE CONSIDERED TO BE EXPERIENCED. (I.E., 2311-OISK, 2401-TAPE, 083 - SORTER, ETC.)

083 sorters	NCR 315	Xerox
084 sorters	Century 300	370-135
085 collators	Buister	360-50
360-20 Computer	Reproducer	
360-40 Computer	interpreter	
370-145 Computer		

3. STATE ALL ON-LINE, REAL-TIME, OR MULTIPROCESSING BACKGROUND YOU MAY HAVE.

R. D.C

4. ARE THERE ANY REASONS THAT WOULD PRECLUDE YOU FROM WORKING SHIFTS OR ODO HOURS? EXPLAIN.

NO

5. LIST ALL PAST POSITIONS, DUTIES, AND RESPONSIBILITIES THAT YOU HAVE HAD WHICH DIRECTLY RELATE TO COMPUTER OPERATIONS.

COMPANY	TITLE	RESPONSIBILITIES
A. S.B.C	DATA TIME KEEPER	EMPLOYEE TIME - BILLING OF CUSTOMERS E.L.M. - MACHINE USAGE REPORTS
B. PETERSON'S IGA	PRODUCE MANAGER	ORDER & TO CLEAN PRODUCE DISPLAY IT AND CASH CHECK & T.O.K. CHECKS
C.		
D.		
E.		

SPECIFIC SYSTEMS DESIGN - PROGRAMMING EXPERIENCE

NAME AND DESCRIBE, BELOW, THE MAJOR APPLICATION SYSTEMS FOR WHICH YOU DESIGNED SYSTEMS AND/OR PROGRAMMING.

SYSTEMS

A. DATA TIME KEEPING & BILLING PROCEDURES & E.O.M Billing & EMPLOYEE TIME (EMPLOYER) SERVICE BUREAU CORP.

B. _____ (EMPLOYER) _____

C. _____ (EMPLOYER) _____

D. _____ (EMPLOYER) _____

INFORMATION FOR EACH SYSTEM LISTED ABOVE:

SYSTEM	A	B	C	D
1. EQUIPMENT USED (MFG. & MOOEL NUMBER)	362-20			
2. PERCENT OF SYSTEM YOU OESIGNED				
3. NUMBER OF PROGRAMS YOU DESIGNED	2			
4. NUMBER OF PROGRAMS YOU WROTE	?			
5. NUMBER OF PROGRAMS IN SYSTEM				
6. PROGRAMMING LANGUAGE USED	RPG-BAL			
7. CORE SIZE (K) NO. TAPES NO. DISC				
8. LENGTH OF ASSIGNMENT (MONTHS)	24			

OTHER EXPERIENCE (TAPE I/O, DISC I/O, MONITOR SYSTEM, ETC.) PERSONNEL TRAINING SYSTEM DESIGN
