

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

HCO POLICY LETTER OF 5 FEBRUARY 1979
ISSUE II

Pilot

(Cancels BPL 23 May 76RB
New Staff Routing Form,
Application Form, Agree-
ment Form)

STAFF APPLICATION FORM

The attached form has been revised in accordance with HCO PL 5 Feb 79, Issue I, END OF ENDLESS STAFF STATUS. It is based on staff qualifications per HCO PL 11 Nov 76 STATISTIC CHANGE HCOs AND QUAL DEFINITIONS.

This form determines if a person is eligible to join staff. If eligible a person used to sign an Agreement Form, until he could sign a contract. Now, a person signs a contract immediately upon hiring if he is eligible, so the Agreement Form has been deleted.

If not qualified the individual is put on the Project Prepare Routing Form.

Once it is determined that the individual is qualified he is routed to the PCO for contract signing and to start his New Staff Routing Form.

L. RON HUBBARD
FOUNDER

as assisted by

Arden Hansen
FMO 2025 I/C

LRH:AH:jk
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STAFF APPLICATION FORM

NAME: _____

ORG: _____ DATE: _____

Give details when answering the following questions.
Take as long as you need to complete this form. Be thorough.
Fill this form out in duplicate.

FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ TOWN: _____ STATE: _____

COUNTRY: _____ ZIP: _____ PHONE: _____

MALE () FEMALE () DATE OF BIRTH: _____

WHERE BORN - TOWN: _____ COUNTRY: _____

NATIONALITY: _____ NEXT OF KIN: _____

RELATION: _____ ADDRESS: _____ (name)

FULL NAME OF MOTHER: _____

OCCUPATION: _____ (including Maiden Name)

FULL NAME OF FATHER: _____

OCCUPATION: _____ ADDRESS OF PARENTS: _____

EDUCATION AND TRAINING: State what education you have had including schooling, university education, professional or other training. Give complete details including dates and skills attained (extra sheets can be provided). Please include any degrees, certificates you hold.

PHYSICAL CONDITION: Are you in good physical condition?
YES () NO () If no, give details:

Any chronic illness or handling? YES () NO ()
If yes, give details: _____

Are you currently taking any drugs? YES () NO () If yes,
what drugs and for how long have you been taking them? _____

INTERESTS AND HOBBIES: List any interests and hobbies:

What Dianetics and/or Scientology training have you received?
Give complete details including where? When? Name of super-
visors, etc.

<u>ORG/FRANCHISE</u>	<u>COURSE</u>	<u>NAME OF SUPER</u>	<u>WHEN</u>	<u>TRAINING LEVEL</u> <u>ATTAINED</u>
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What auditing have you had? What Grade or OT Level are you
currently?

ATTACHMENT I

OTHER EMPLOYMENT CONTRACT: Are you currently under contract to any Dianetics or Scientology Organization, Franchise, Office or Mission? YES () NO () If yes, give details:

FORMER SCIENTOLOGY EMPLOYMENT: Have you ever worked before in a Dianetics or Scientology Org or Franchise? YES () NO () If yes, give full details including where? when? who in charge? and circumstances of your leaving.

DEBTS: Do you have any debts? YES () NO () If so give complete details including to whom? amounts? when due? how you propose to pay them off.

Have you ever been bonded? YES () NO () Where: _____

Are you a minor, according to the laws of the country or state you are from? YES () NO () If yes, do you have your parents' or guardian's consent to join this organization?

Are you subject to mandatory military service? YES () NO () If yes, give details on when and for how long you are subject to service: _____

Do you have a driver's license? YES () NO () For what
state? _____ Any moving violations? YES ()
NO () If so when and please describe: _____

Do you own an automobile? YES () NO ()

What is your Social Security number? ____ - ____ - ____

DATE: _____

YOUR SIGNATURE: _____

ADDS TO STAFF APPLICATION FORM

Additional questions per
HCO PL 11 November 76,
STATISTIC CHANGE, HCOs AND QUAL DEFINITIONS

(These questions are metered,
and questions must be cleared
first so as to ensure no M/Us.)

1. ARE YOU A FLAGRANT CRIMINAL OR WANTED? _____
2. DO YOU HAVE AN INSTITUTIONAL HISTORY OF PSYCHOSIS? _____
3. DO YOU HAVE ELECTRIC, INSULIN OR OTHER SHOCK OR
PSYCHIATRIC BRAIN OPERATION HISTORY? _____
4. ARE YOU AN ACTIVE DRUG PUSHER? _____
5. HAVE YOU EVER SUED AN ORG OR SCN PRINCIPALS? _____
6. ARE YOU A BLOWN STAFF MEMBER OR BLOWN SEA ORG
MEMBER? _____
7. ARE YOU RELATED TO OR CONNECTED TO INTELLIGENCE
AGENCIES EITHER BY PAST HISTORY OR IMMEDIATE
FAMILIAL CONNECTIONS? _____
8. DO YOU HAVE A PARENT OR GUARDIAN WHO IS A RABID
ANTAGONIST OF SCIENTOLOGY? _____
9. ARE YOU HERE TO OBTAIN NEWS STORIES OR GENERALLY
DISRUPT THE ORGANIZATION? _____
10. DO YOU HAVE HUGE PERSONAL DEBTS THAT WOULD
IMMEDIATELY PULL YOU BACK OUT OF THE ORG? _____