

RAIN - SOFT WATER
PURE SOAP

STARLIGHT LAUNDRY

SANITARY SERVICE
SINCE 1901

MEMBER OF SAN FRANCISCO
LAUNDRY OWNERS ASSOC. INC.

784 STANYAN STREET
SAN FRANCISCO

BAYVIEW 0798

ORIGINAL FORM

NAME *Shigeru Frank Hashimoto*
(Full Name)

Permanent Address *P. O. Box 145 Florin California*

Nearest Relative (Name) *M. Tsusaki* relation *Sister*

Address incase of emergency

Where last employed *P. O. Box 145 Florin California
Lavender Laundry 2429 Calif. St. S. F.*

how long? *half year.*

Kind of Work *Cover help and Iron.*

Reason for Leaving the above

Birthdate:(Month, Date, Year) *10. 1. 1917* Age: *22*

Place of Birth: *Pacific Calif*

Social security number:

I AFFIRM THAT THE ABOVE INFORMATION TO BE CORRECT AND ALSO UNDERSTAND AND AGREE TO COMPLY WITH THE STATE AND FEDERAL RULING CONCERNING CONTRIBUTIONS IN TAXES DEDUCTED FROM MY WAGES ACCORDING TO LAW.

I UNDERSTAND MY WORKING HOURS TO BE FROM 7:30 A.M. TO 6:00 P.M. each week day and SATURDAY AND OTHER HOURS SHOULD THE WORK OR OCCASION REQUIRE IT, UNLESS A HOLIDAY IS DECLARED FOR THE DAY OR PORTION THEREOF, BY THE STARLIGHT LAUNDRY, THE EMPLOYERS.

4. 11. 1940
(date signed)

Shigeru F. Hashimoto SEAL
(signature)

Starlight Laundry asks you to please report at once all accidents and illnesses