

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 IN FULL *Robert Tadashi Wyeemura*

PERMANENT ADDRESS *Rt. 4, Box 662 Mr. Fujimoto*

NEAREST RELATIVE OR FRIEND IN EMERGENCY *1703 Octavia St., City*
THEIR ADDRESS

WHAT RELATION? *Friend*

WHERE LAST EMPLOYED *Guadalup, Calif.*

HOW LONG *Four month*

KIND OF WORK YOU WERE DOING *Worker in a vegetable packing house*

REASON FOR LEAVING

BIRTHDATE: MONTH, DATE, YEAR

AGE:
22 yrs.

April 23, 1917
PLACE OF BIRTH: *Alviso, 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 AXES DEDUCTED FROM MY WAGES ACCORDING TO LAW.

I UNDERSTAND MY WORKING HOURS TO BE FROM 7:30 AM TO 6:00 PM 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 EMPLOYEES.

April 10, 1940
DATE SIGNED

Robert T. Wyeemura SEAL
SIGNATURE

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