

# APPLICATION FOR EMPLOYMENT

This application is confidential and must be filled out in your own handwriting

1/9/59  
DATE

I hereby make application for employment; the following questions being answered by me without reservation or concealment of facts. I agree, if engaged, to comply with the rules of the house, and it is understood and agreed that when my services terminate at any time, salary due will be pro rata according to my weekly salary up to such time.

Full Name BESS TERUKO SONODA

Residence \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Place of Birth? \_\_\_\_\_

Age? 32 Married? \_\_\_\_\_ Single? YES Divorced? \_\_\_\_\_ Widow? \_\_\_\_\_

Date of Birth? \_\_\_\_\_

Are you living with parents, relatives, or boarding, or do you keep house? LIVING WITH MOTHER & BROTHER

Is anyone dependent upon you for support? NO

How long have you lived in the State? 16 YEARS

With what line of work or merchandise are you most familiar? STENOGRAPHIC - CLERICAL.  
ALSO - LADIES' CLOTHING.

What position do you think you are best fitted to fill? SECRETARIAL - DESIRE EXP. IN OTHER LINES.

What is the extent of your education? 6 MOS. BUSINESS COLLEGE

In what subject did you rank best? ENGLISH,

By whom were you last employed? BECHTEL CORP. Wages received? \$325/MO.

Were you ever dismissed? NO If so, by whom? \_\_\_\_\_

Have you a relative now in our employ? NO

Have you any other income? NO

Have you any physical defects? NO

Are you a United States Citizen? YES

### LAST PLACE EMPLOYED:

Name of employer BECHTEL CORPORATION

Address 25 - FIRST ST.

Length of time employed? 2 1/2 YEARS Date left? JAN. 16, 1959

Salary received? \$ 325/MO. Nature of work? STENOGRAPHIC

Reason for leaving? FOUND MORE DESIRABLE WORK.

### SECOND TO LAST PLACE EMPLOYED:

Name of employer KORET of CALIFORNIA

Address 611 - MISSION ST.

Length of time employed? 8 1/2 YEARS Date left? JUNE, 1956

Salary received? \$ 320/MO. Nature of work? TAB. OPERATOR

Reason for leaving? DESIRED WORK IN SECRETARIAL FIELD

### THIRD TO LAST PLACE EMPLOYED:

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Length of time employed? \_\_\_\_\_ Date left? \_\_\_\_\_

Salary received? \$ \_\_\_\_\_ Nature of work? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Give name and address of parents, nearest relative or friend whom you would wish to notify in case of sickness.

Name MRS. KIWA SONODA

Address \_\_\_\_\_

NOT TO BE FILLED OUT BY APPLICANT.

Began work \_\_\_\_\_ Salary \$ \_\_\_\_\_ Engaged by \_\_\_\_\_