

# APPLICATION FOR EMPLOYMENT

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

1/5/59

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 Peggy Trunko Konda

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

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

Age? 22 Married?  Single? No Divorced? No Widow? No

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

Are you living with parents, relatives, or boarding, or do you keep house? Apartment

Is anyone dependent upon you for support? Husband

How long have you lived in the State? Life

With what line of work or merchandise are you most familiar? Clothes and furniture

What position do you think you are best fitted to fill? Typist and art

What is the extent of your education? Junior College and Chouinard Art School

In what subject did you rank best? Art

By whom were you last employed? Crocker Anglo Bank Wages received? 245

Were you ever dismissed? No If so, by whom? None

Have you a relative now in our employ? No

Have you any other income? G.I. Bill

Have you any physical defects? Have to wear eye glasses

Are you a United States Citizen? Yes

## LAST PLACE EMPLOYED:

Name of employer Crocker Anglo Bank

Address 1 Montgomery

Length of time employed? 2 weeks Date left? Still employed

Salary received? \$ 245 Nature of work? Typist

Reason for leaving? Still employed

## SECOND TO LAST PLACE EMPLOYED:

Name of employer American Insurance Group

Address 111 West 7th St. Los Angeles

Length of time employed? 2 and one half years Date left? Dec 11, 1958

Salary received? 250 Nature of work? Typist

Reason for leaving? Husband transferred to school in San Francisco

## 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 \_\_\_\_\_

Address \_\_\_\_\_

NOT TO BE FILLED OUT BY APPLICANT.

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