

APPLICATION FOR EMPLOYMENT

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

7-12-60

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 KEISHI MIURA
Residence _____ Phone _____
Social Security No. _____ Place of Birth? _____
Age? 25 Married? No Single? YES Divorced? _____ Widow? _____
Date of Birth? _____
Are you living with parents, relatives, or boarding, or do you keep house? boarding
Is anyone dependent upon you for support? No
How long have you lived in the State? 3 yrs. 9 mos
With what line of work or merchandise are you most familiar? _____

What position do you think you are best fitted to fill? TRADING MERCHANDISE
What is the extent of your education? COLLEGE JUNIOR
In what subject did you rank best? SOCIAL SCIENCE
By whom were you last employed? DR. LEONA M. BAYER Wages received? \$1.50/hr.
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? No

LAST PLACE EMPLOYED:

Name of employer DR. LEONA M. BAYER
Address ~~2233 POST ST.~~ 2233 POST ST.
Length of time employed? ABOUT 3 YRS. Date left? JUNE 30, 1960
Salary received? \$ _____ Nature of work? RESEARCH HELP
Reason for leaving? DR. BAYER TOOK VACATION FOR 3 MONTHS

SECOND TO LAST PLACE EMPLOYED:

Name of employer MR. HOWARD FLETCHER
Address 24 ROBEL COURT, BERKELEY 5
Length of time employed? 2 mos. Date left? AUG. 30, 1959
Salary received? 150/m. Nature of work? HOUSE WORK
Reason for leaving? ~~SETER~~ CONTRACT WAS OVER

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 ~~DR. & MRS. ERNST WOLFF~~ DR. & MRS. ERNST WOLFF
Address _____

NOT TO BE FILLED OUT BY APPLICANT.

Began work _____ Salary \$ _____ Engaged by _____