

APPLICATION FOR EMPLOYMENT

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

6/2/59

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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 WILMA KATSUKO OKA

Residence _____ Phone _____

Social Security No. _____ Place of Birth? _____

Age? 23 Married? Single? Divorced? _____ Widow? _____

Date of Birth? _____

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

Is anyone dependent upon you for support? No

How long have you lived in the State? 6 mos

With what line of work or merchandise are you most familiar? _____

TRAVEL EXP. ABROAD - GERMANY IN ARMY 1 yr

What position do you think you are best fitted to fill? SALESCLERK

What is the extent of your education? 2 1/2 yrs. OF COLLEGE

In what subject did you rank best? SOCIOLOGY

By whom were you last employed? TRIPLER ARMY HOSPITAL Wages received? \$325 per 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 TRIPLER ARMY HOSPITAL

Address HONOLULU, HAWAII

Length of time employed? 13 mos. Date left? SEP '58

Salary received? \$ 325.00 Nature of work? CLERK-TYPIST

Reason for leaving? WENT TO SCHOOL

SECOND TO LAST PLACE EMPLOYED:

Name of employer Deans

Address Honolulu

Length of time employed? part-time (Christmas) Date left? _____

Salary received? at Nature of work? Sales

Reason for leaving? _____

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. GLADYS NICHOLSON

Address _____

LANGUAGES YOU CAN SPEAK

READ, WRITE

NOT TO BE FILLED OUT BY APPLICANT.

Began work _____ Salary \$ _____ Engaged by _____

HOBBIES ON REVERSE SIDE: