

APPLICATION FOR EMPLOYMENT

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

June 18, 1957
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 KYOKO TAKEDA
Residence _____ Phone _____
Social Security No. _____ Place of Birth? SAN FRANCISCO
Age? 19 Married? No Single? YES Divorced? No Widow? No
Date of Birth? _____
Are you living with parents, relatives, or boarding, or do you keep house? PARENTS
Is anyone dependent upon you for support? No
How long have you lived in the State? 12 yrs.
With what line of work or merchandise are you most familiar? CLERICAL

What position do you think you are best fitted to fill? TYPIST
What is the extent of your education? SOPH. - COLLEGE
In what subject did you rank best? BIOLOGY
By whom were you last employed? EMPORIUM Wages received? \$1.25
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 EMPORIUM
Address _____
Length of time employed? 1956 SUMMER Date left? DEC. 26, '56
Salary received? \$ \$1.25 Nature of work? CASHIER WRAPPER
Reason for leaving? SUMMER + CHRISTMAS WORK

SECOND TO LAST PLACE EMPLOYED:

Name of employer LOOMIS ARMORED CAR
Address _____
Length of time employed? SUMMER Date left? SEPT. '55
Salary received? \$ \$1.25 Nature of work? PAYROLL, TYPIST, SWITCHBOARD
Reason for leaving? SCHOOL

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 going to summer school July 1 - Aug 2nd, available - from 2 P.M.
PATCO FORM 563A