

APPLICATION FOR EMPLOYMENT

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

JULY 21 1956
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 AKI H. KING

Residence [REDACTED] Phone [REDACTED]

Social Security No. [REDACTED] Place of Birth? TOKYO - JAPAN

Age? 27 Married? Single? Divorced? Widow?

Date of Birth? [REDACTED]

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

Is anyone dependent upon you for support?

How long have you lived in the State? 2 1/2 YEARS

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

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

What is the extent of your education? _____

In what subject did you rank best? _____

By whom were you last employed? _____ Wages received? _____

Were you ever dismissed? _____ If so, by whom? _____

Have you a relative now in our employ? _____

Have you any other income? _____

Have you any physical defects? _____

Are you a United States Citizen? _____

LAST PLACE EMPLOYED:

Name of employer TAKAHASHI TRADING CO.

Address 1661 POST ST. S.F. CALIF.

Length of time employed? 1 YEAR Date left? OCT. 1954

Salary received? \$ 210.00 Nature of work? SALES

Reason for leaving? _____

SECOND TO LAST PLACE EMPLOYED:

Name of employer _____

Address _____

Length of time employed? _____ Date left? _____

Salary received? _____ Nature of work? _____

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. MABEL KING

Address [REDACTED]

NOT TO BE FILLED OUT BY APPLICANT.

Began work _____ Salary \$ _____ Engaged by _____