

APPLICATION FOR EMPLOYMENT

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

April 9, 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 Kuwa Race
Residence _____ Phone none
Social Security No. _____ Place of Birth? Japan
Age? 25 Married? yes Single? _____ Divorced? _____ Widow? _____
Date of Birth? _____
Are you living with parents, relatives, or boarding, or do you keep house? I keep house
Is anyone dependent upon you for support? no
How long have you lived in the State? one year and 4 month
With what line of work or merchandise are you most familiar? typist

What position do you think you are best fitted to fill? 裁縫
What is the extent of your education? High school
In what subject did you rank best? English
By whom were you last employed? U. S. A Army Wages received? by the month 15,000 yen
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 U. S. A Army Quartermaster
Address Camp Chitose Hokkaido Japan
Length of time employed? 3 years Date left? 1 april 1953
Salary received? \$ _____ Nature of work? typist 45 words a minut
Reason for leaving? to marry

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 _____
Address _____

NOT TO BE FILLED OUT BY APPLICANT.

Began work _____ Salary \$ _____ Engaged by _____

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APPLICATION FOR EMPLOYMENT

I hereby make application for employment; the following questions being answered by me without reservation or qualification of facts. I agree to comply with the rules of the board, and to be interviewed and tested at any time and at any place which may be designated by the board, and to accept of any position which may be offered to me by the board.

Full Name: [Handwritten Name]
Residence: [Handwritten Address]
Social Security No.: [Handwritten Number]
Place of Birth: [Handwritten Location]
Age: [Handwritten Age]
Married? [Handwritten Yes/No]
Single? [Handwritten Yes/No]
Divorced? [Handwritten Yes/No]
Widow? [Handwritten Yes/No]
Date of Birth: [Handwritten Date]

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?
With what line of work or occupations are you most familiar?

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?
Were you ever discharged? If so, by whom?
Have you a relative now in our employ?
Have you any other means?
Have you any physical defects?
Are you a United States Citizen?

LAST PLACE EMPLOYED:
Name of employer:
Address:
Length of time employed:
Date left:
Salary received:
Nature of work:
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:

Write name and address of parents, nearest relative or friend whom you would wish to notify in case of absence.
Name:
Address:

NOT TO BE FILLED OUT BY APPLICANT

By whom work:
Salary \$:
Insured by: