

APPLICATION FOR EMPLOYMENT

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

July 28 1958
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 Fumiko Platts

Residence [Redacted] Phone _____

Social Security No. _____ Place of Birth? Tokyo Japan

Age? 24 Married? Yes 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? 15 months No

How long have you lived in the State? 15 months

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

What position do you think you are best fitted to fill? Store Keeper

What is the extent of your education? High School 4 year

In what subject did you rank best? _____

By whom were you last employed? U.S. Air Force 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? No

LAST PLACE EMPLOYED:

Name of employer KENSETSU SHO (Kensetsu Sho)

Address SHIBA KAIGAN MITA TOKYO

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? _____

Give name and address of parents, nearest relative or friend whom you would wish to notify in case of sickness.

Name James Platts

Address [Redacted]

NOT TO BE FILLED OUT BY APPLICANT.

Began work _____ Salary \$ _____ Engaged by _____

Pn. 5-2609