

FOR OFFICE USE ONLY

Application Filed _____
Application Accepted _____
Clock No. _____

EMPLOYMENT APPLICATION

(If applicant is employed this becomes a permanent record as some of this information may be wanted for Unemployment Insurance and Old Age Pension records.)

FOR OFFICE USE ONLY

Dept. _____
Occupation _____
Rate _____

PRINT NAME IN FULL

HATAKEDA

HELENE

HATSUMI

PHONE

LAST

FIRST

MIDDLE

ADDRESS

CITY

STATE

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY ACCOUNT NO.

REGISTERED FOR DRAFT?

PRESENT DRAFT CLASSIFICATION

YOUR DRAFT SERIAL NO.

NO. OF YOUR DRAFT BOARD

LOCATED AT CITY

STATE

MALE

FEMALE

MARRIED

SINGLE

WIDOW(ER)

DIVORCED

CHILDREN

AGE 19

DATE OF BIRTH

WEIGHT 100

HEIGHT 5' 1/2

HEALTH GOOD

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY 1

YEARS IN STATE 10

DEPENDENTS

EDUCATION

CITY COLLEGE OF SAN FRANCISCO

TYPE OF WORK DESIRED

TYPING

WAGES EXPECTED

\$ 200.00 or \$ 215.00

TRADE OR OCCUPATION

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

ROYAL INSURANCE CO

HOW LONG SINCE LAST EMPLOYMENT?

HAVE BEEN GOING TO SCHOOL

PREVIOUSLY EMPLOYED HERE?

FROM

TO

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU?

NONE

ARE YOU RELATED

TO ANYONE IN OUR EMPLOY? (Who and How)

NO

BANK ACCOUNTS:

INSURANCE

CARRIED: LIFE \$ 1,000.00 HEALTH \$

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$

BY WHOM EMPLOYED AT TIME?

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	<u>1935-35</u>					
2.						
3.						
4.						

CHARACTER REFERENCES (People who know you well, either personally or in business)

1. NAME

ADDRESS

PHONE

Mrs. Arlene Anderson

2. NAME

ADDRESS

PHONE

Mrs. Zelva Hartley

3. NAME

ADDRESS

PHONE

Mr. James Harper 90 San Lorenzo High School

IN CASE OF ACCIDENT NOTIFY: NAME

ADDRESS

PHONE

SIGNATURE OF APPLICANT

DATE

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