

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

FONG LAST KATSUKO FIRST

PHONE

ADDRESS _____ CITY _____ STATE _____

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME FONG LAST GERALD FIRST WING 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 26 DATE OF BIRTH _____ WEIGHT 118 HEIGHT 5 FT HEALTH GOOD

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY 22
YEARS IN STATE 22

DEPENDENTS 0 EDUCATION HIGH SCHOOL, NIGHT CITY COLLEGE

TYPE OF WORK DESIRED CLERICAL WAGES EXPECTED 315 - 320

TRADE OR OCCUPATION BR CLERK APPRENTICESHIP SERVED _____

EMPLOYED AT PRESENT? BANK OF AMERICA HOW LONG SINCE LAST EMPLOYMENT? still employed

PREVIOUSLY EMPLOYED HERE? NO FROM _____ TO _____ DEPT. _____

WHAT PHYSICAL DEFECTS HAVE YOU? physical checkup JAN 26th. showed perfect HEALTH

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? (Who and How) 0

BANK ACCOUNTS: SFMO BROF AMER. BANK SAV. INSURANCE CARRIED: LIFE \$ HEALTH \$ ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$ 5,000 BY WHOM EMPLOYED AT TIME? BANK OF AMERICA

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	<u>9-2-48</u>	<u>—</u>	<u>BANK OF AMERICA NUSA</u>	<u>COLLATERAL CLERK</u>	<u>285.-</u>	<u>DESIRE CHANGE INCREASE SALARY</u>
2.						
3.						
4.						

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

1. NAME MR W. L. EDGER, ECONOMIST ADDRESS BANK OF AMERICA PHONE 20-2-6112

2. NAME MR MAURICE A. DOWDY, ASSISTANT CASHIER, BK OF AMERICA ADDRESS LEGAL DEPT. PHONE _____

3. NAME Miss Sophie Hardy, Supt ADDRESS SF. TRAVELERS AID BUREAU PHONE _____
SF. FERRY BLDG.

IN CASE OF ACCIDENT NOTIFY: NAME GERALD W. FONG

ADDRESS (Business) _____ PHONE _____

SIGNATURE OF APPLICANT Katsuko O. Fong

DATE Feb - 4 19 56

X MR. WARREN WOLFF, BK OF AMER.