

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: Harada Elaine U  
LAST FIRST MIDDLE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: Calif.

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: 21 DATE OF BIRTH: \_\_\_\_\_ WEIGHT: 110 HEIGHT: 5'4" HEALTH: good

OWN HOME  LIVE WITH PARENTS  ROOM  (relatives)

YEARS IN COUNTY: 1 mo.  
 YEARS IN STATE \_\_\_\_\_

DEPENDENTS \_\_\_\_\_ EDUCATION: Univ. of Hawaii

TYPE OF WORK DESIRED: clerk-typist WAGES EXPECTED: \$200-

TRADE OR OCCUPATION \_\_\_\_\_ APPRENTICESHIP SERVED \_\_\_\_\_

EMPLOYED AT PRESENT? no HOW LONG SINCE LAST EMPLOYMENT? 2 mos.

PREVIOUSLY EMPLOYED HERE? no 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 \$ \_\_\_\_\_ 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>June</u>	<u>August</u>	<u>U of H. Publications Off.</u>	<u>clerk-typist</u>	<u>\$200-mo.</u>	<u>temporary</u>
2.						
3.						
4.						

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

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME Mrs. Tom Kobuchi  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: Oct. 18, 1955 SIGNATURE OF APPLICANT: Elaine U. Harada