

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

LOUIE DOROTHY WING

PHONE

ADDRESS

CITY

STATE

CALIF.

IF MARRIED - GIVE  
WIFE OR HUSBAND'S FULL NAME

LOUIE STANLEY

LAST

FIRST

MIDDLE

SOCIAL SECURITY  
ACCOUNT NO.REGISTERED  
FOR DRAFT?PRESENT DRAFT  
CLASSIFICATIONYOUR DRAFT  
SERIAL NO.NO. OF YOUR  
DRAFT BOARDLOCATED AT  
CITY

STATE

MALE FEMALE MARRIED SINGLE WIDOW (ER) DIVORCED CHILDREN  1

AGE 41 DATE OF BIRTH

WEIGHT 117

HEIGHT 5'2"

HEALTH Good

OWN HOME LIVE WITH PARENTS ROOM 

YEARS IN COUNTY 10

YEARS IN STATE 10

DEPENDENTS

EDUCATION

A.B. UNIVERSITY OF CALIFORNIA

TYPE OF WORK DESIRED

SALES

WAGES EXPECTED

Part time  
+ 1/2 day

TRADE OR OCCUPATION

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

No

HOW LONG SINCE LAST EMPLOYMENT?

1939

PREVIOUSLY EMPLOYED HERE?

Yes

FROM

1936

TO

1939

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU?

None

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

No

BANK ACCOUNTS:

AMERICAN TRUST  
BANK OF AMERICAINSURANCE  
CARRIED: LIFE \$

HEALTH \$

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$

No

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.	NOV. 1938	MAY 1939	HONG GUY (GUMMING IMPRINTING) 444 GRANT AVE	SALES & BUYING	-	GETTING MARRIED
2.	1937	1938	CHINESE DIGEST (PERIODICAL)	ADVE.		NEW JOB
3.	1936	1937	ROOS BROS.	SALES & ADVE.		NEW JOB
4.						

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

1. NAME

DR HENRY TSANO

ADDRESS

PHONE

2. NAME

MR. K. L. KWONG

ADDRESS

BANK OF CANTON

PHONE

3. NAME

DR. ALBERT CHEW

ADDRESS

PHONE

IN CASE OF ACCIDENT NOTIFY: NAME

DR. STANLEY LOUIE

ADDRESS

PHONE

DATE

SEPT. 15

19

55

SIGNATURE OF APPLICANT

Dorothy Louie