

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

KAWASE

Rikiji

PHONE

ADDRESS

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 32

DATE OF BIRTH

WEIGHT 130

HEIGHT 5'5"

HEALTH good

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY 4 yrs.  
YEARS IN STATE

DEPENDENTS

None

EDUCATION

graduated from Yokohama College, Madison College

TYPE OF WORK DESIRED

Shipping clerk

WAGES EXPECTED

\$ 1.50 hrs

TRADE OR OCCUPATION

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

HOW LONG SINCE LAST EMPLOYMENT?

PREVIOUSLY EMPLOYED HERE?

FROM

TO

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU?

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.	Jan. -1955	June -1955	Gorge Spitzer 830 Market	Shipping Clerk	4/1.50	For Vacation
2.	Apr. 1941	Aug. 1945	Nippon Kogyo Co. Yokohama, Japan	clerk		
3.	3 yrs	1951 - 1954	Nashville Tenn. McClurg's (Importer)	Madison College Chicago	B.S. Commerce shipping clerk \$ 1.25	
4.						

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

1. NAME

MOTOI KATAOKA

ADDRESS

PHONE

2. NAME

ADDRESS

PHONE

3. NAME

ADDRESS

PHONE

IN CASE OF ACCIDENT NOTIFY: NAME

ADDRESS

PHONE

SIGNATURE OF APPLICANT

Rikiji Kawase

DATE

Sept. 14

1955

FOR OFFICE USE ONLY  
Date \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_

# EMPLOYMENT APPLICATION

If applicant is employed, the present employer's name and address of the information may be omitted for Unemployment Insurance and Old Age Pension records.

FOR OFFICE USE ONLY  
Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

NAME: WALTER LAST: WALTER FIRST: WALTER MIDDLE: WALTER  
ADDRESS: 222 CITY: LAUREL STATE: PA

DATE OF BIRTH: 12-16-1917 SEX: M RACE: W  
EDUCATION: HS OCCUPATION: CLERK

150  
40  

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600

PREVIOUS EMPLOYERS:  
1. NAME: WALTER ADDRESS: WALTER CITY: LAUREL STATE: PA  
2. NAME: WALTER ADDRESS: WALTER CITY: LAUREL STATE: PA

REASON FOR LEAVING PREVIOUS EMPLOYER: WALTER  
REASON FOR LEAVING PREVIOUS EMPLOYER: WALTER

WHAT PHYSICAL DEFECTS HAVE YOU?  
YES YOU ARE BILIRUBIN  
YES YOU ARE IN OUR SERVICE TO THE RED CROSS

NAME	ADDRESS	CITY	STATE	DATE
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
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<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>
<u>WALTER</u>	<u>WALTER</u>	<u>LAUREL</u>	<u>PA</u>	<u>12-16-1917</u>

CHARACTER REFERENCES (Name and address of person to whom you were referred)  
1. NAME: WALTER ADDRESS: WALTER CITY: LAUREL STATE: PA  
2. NAME: WALTER ADDRESS: WALTER CITY: LAUREL STATE: PA  
3. NAME: WALTER ADDRESS: WALTER CITY: LAUREL STATE: PA

DATE OF APPOINTMENT: 12-16-1917  
SIGNATURE OF APPLICANT: WALTER  
SIGNATURE OF EMPLOYER: WALTER