

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

Butterfield Gloria Santucci

PHONE

ADDRESS

CITY

STATE

Calif

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME

Butterfield

DALE

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 *29*

DATE OF BIRTH

May 19

WEIGHT

130

HEIGHT

HEALTH

5'4" good

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY.....
YEARS IN STATE

7 1/2 weeks

DEPENDENTS

EDUCATION

TYPE OF WORK DESIRED

Typist

WAGES EXPECTED

TRADE OR OCCUPATION

Housewife

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

no

HOW LONG SINCE LAST EMPLOYMENT?

2 yrs

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:

American Trust Co

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.	<i>1944</i>	<i>1953</i>	<i>Wells Fargo Bank</i>	<i>Business Secretary</i>	<i>265⁰⁰</i>	<i>Discharge</i>
2.						
3.						
4.						

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

1. NAME

Mrs. L. Bacci

ADDRESS

[Redacted]

PHONE

2. NAME

ADDRESS

PHONE

3. NAME

ADDRESS

PHONE

IN CASE OF ACCIDENT NOTIFY: NAME

Mrs. L. Santucci

ADDRESS

[Redacted]

PHONE

[Redacted]

SIGNATURE OF APPLICANT

DATE

19