

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

*SHIGEO*  
LAST

*KATSUYAMA*  
FIRST MIDDLE

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY *KAMI* STATE *Calif.*

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY ACCOUNT NO. \_\_\_\_\_ REGISTERED FOR DRAFT? \_\_\_\_\_ PRESENT DRAFT CLASSIFICATION *1A*

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 *130* HEIGHT *5 ft. 8 in* HEALTH \_\_\_\_\_

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY \_\_\_\_\_  
YEARS IN STATE *1 1/2*

DEPENDENTS \_\_\_\_\_ EDUCATION *Commere high school (in Japan)* *19 yrs. in Japan*

TYPE OF WORK DESIRED \_\_\_\_\_ WAGES EXPECTED \_\_\_\_\_

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) \_\_\_\_\_

BANK ACCOUNTS: *Sumitomo Bank* 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>1953</i>	<i>1955</i>	<i>Mutual Supply</i>	<i>Asst. Shipping Clerk</i>	<i>200.00</i>	
2.						
3.						
4.						

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

1. NAME *Mr. & Mrs. Kami* ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME *Harry Katsuyama* ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE *5075* *4985* 19 \_\_\_\_\_

*90*