

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

WATSON LAST NINA FIRST M MIDDLE

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE CALIF.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME WATSON LAST FRANK FIRST G. MIDDLE

SOCIAL SECURITY ACCOUNT NO. \_\_\_\_\_ REGISTERED FOR DRAFT? NO. 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 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ HEALTH \_\_\_\_\_

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY \_\_\_\_\_  
YEARS IN STATE \_\_\_\_\_

DEPENDENTS \_\_\_\_\_ EDUCATION 4 YEARS HIGH SCHOOL

TYPE OF WORK DESIRED SALES WAGES EXPECTED \$ 50.00 A WEEK

TRADE OR OCCUPATION HOUSE WIFE APPRENTICESHIP SERVED \_\_\_\_\_

EMPLOYED AT PRESENT? NO. HOW LONG SINCE LAST EMPLOYMENT? FIVE YEARS

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: BANK OF AMERICA INSURANCE 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.	SEPT. 1950	NOV. 1950	BELL CATERIA	WAITRESS	1.25 AN HOUR	MARRIAGE
2.	SEPT. 1949	SEPT. 1950	DR. ALBERT CLARK 68 FERNWOOD DRIVE S.F.	HOUSE KEEPER	45.00 A WEEK.	WANT OF CHANGE
3.						
4.						

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

1. NAME FRANK G. WATSON ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME L. BENTHEN ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

IN CASE OF ACCIDENT NOTIFY: NAME FRANK G. WATSON OR L. BENTHEN

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

SIGNATURE OF APPLICANT

DATE Feb. 10 19 56 Nina M. Watson