

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

HAYASHI HIDEKAZU

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE CALIF

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

SOCIAL SECURITY ACCOUNT NO. \_\_\_\_\_

REGISTERED FOR DRAFT? YES

PRESENT DRAFT CLASSIFICATION -

YOUR DRAFT SERIAL NO. \_\_\_\_\_

NO. OF YOUR DRAFT BOARD \_\_\_\_\_

LOCATED AT CITY S.F.

STATE CALIF

MALE

FEMALE

MARRIED

SINGLE

WIDOW(ER)

DIVORCED

CHILDREN

AGE 40

DATE OF BIRTH \_\_\_\_\_

WEIGHT 165

HEIGHT 5-6'

HEALTH GOOD

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY 12 1/2  
 YEARS IN STATE 14 1/2

DEPENDENTS NONE EDUCATION UNIV. GRADUATE

TYPE OF WORK DESIRED CLERICAL

WAGES EXPECTED \_\_\_\_\_

TRADE OR OCCUPATION \_\_\_\_\_

APPRENTICESHIP SERVED \_\_\_\_\_

EMPLOYED AT PRESENT? NO

HOW LONG SINCE LAST EMPLOYMENT? ONE WEEK

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: NO

INSURANCE CARRIED: LIFE \$ NO

HEALTH \$ NO

ACCIDENT \$ NO

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.	6/1940	8/1940	MITSUBISHI TR. CO. SAN FRANCISCO - BR.	CLERICAL	\$80.00 P.M.	TRANS TO MEX. CITY
2.	8/1940	8/1941	MITSUBISHI TR. CO. MEXICO CITY BR.	"	\$90.00 P.M.	TRANS TO S.F.
3.	8/1941	12/1941	MITSUBISHI TR. CO. SAN FRANCISCO BR.	"	\$116.00 P.M.	OUTBREAK OF W.W.II
4.						

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

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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

DATE \_\_\_\_\_

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