

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: ISOYE, YUKIO PHONE: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: CALIFORNIA

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

SOCIAL SECURITY ACCOUNT NO.: \_\_\_\_\_ REGISTERED FOR DRAFT? YES PRESENT DRAFT CLASSIFICATION: 4F

YOUR DRAFT SERIAL NO.: \_\_\_\_\_ NO. OF YOUR DRAFT BOARD: 43 LOCATED AT CITY: SAN FRANCISCO STATE: CALIFORNIA

MALE  FEMALE  MARRIED  SINGLE  WIDOW(ER)  DIVORCED  CHILDREN

AGE: 23 DATE OF BIRTH: \_\_\_\_\_ WEIGHT: 125 HEIGHT: 5'5" HEALTH: GOOD

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY: 23  
 YEARS IN STATE: 20

DEPENDENTS: ONE (MYSELF) EDUCATION: U. OF CALIF., JUNE '54 - AT PRESENT I'M ATTENDING EVENING CLASSES AT HEALD'S. (ACCT'G)

TYPE OF WORK DESIRED: ACCOUNTING WAGES EXPECTED: \$2.10

TRADE OR OCCUPATION: \_\_\_\_\_ APPRENTICESHIP SERVED: \_\_\_\_\_

EMPLOYED AT PRESENT? NO HOW LONG SINCE LAST EMPLOYMENT? 2 1/2 mos.

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: \_\_\_\_\_ 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.	MAR. '53	OCT. '54	NIPPON GOLDFISH CO., 1919 Bush	SALES SHIPPING BKPS	\$1.25/HR	FINISHED SCHOOL
2.						
3.						
4.						

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

1. NAME: MR. YUKIO WADA ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 2. NAME: MR. KOJI MURATA ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 3. NAME: MR. DR. K. KIYASU ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME: MR. TARO ISOYE (Father) ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE OF APPLICANT: Yukio Isoye

DATE: DECEMBER 29, 1954