

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 TAKAMOTO MINORU — PHONE JAN. 25, 1955
LAST FIRST MIDDLE

ADDRESS _____ CITY SAN FRANCISCO 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 4-F

YOUR DRAFT SERIAL NO. _____ NO. OF YOUR DRAFT BOARD 65 LOCATED AT CITY SALINAS STATE CALIFORNIA

MALE FEMALE MARRIED SINGLE WIDOW(ER) DIVORCED CHILDREN

AGE 26 DATE OF BIRTH _____ WEIGHT 140 HEIGHT 5'9" HEALTH GOOD

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY 3 1/2 YRS.
YEARS IN STATE 26

DEPENDENTS NONE EDUCATION HEALD COLLEGE } BACHELOR OF ACCOUNTS DEGREE
SAN FRANCISCO } GRADUATED SEPT. 28, 1954

TYPE OF WORK DESIRED _____ WAGES EXPECTED _____

TRADE OR OCCUPATION _____ APPRENTICESHIP SERVED _____

EMPLOYED AT PRESENT? NO HOW LONG SINCE LAST EMPLOYMENT? 1 YR.

PREVIOUSLY EMPLOYED HERE? NO FROM _____ TO _____ DEPT. _____

WHAT PHYSICAL DEFECTS HAVE YOU? _____

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? U.S. POST OFFICE
OROWEAT BAKING CO. OF S.F.

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	12/53	12/53	U.S. POST OFFICE 24 INFRANCISCO, CALIF.	POSTAL CLERK	\$1.72	XMAS WORK
2.	9/52	6/53	OROWEAT BAKING CO. OF S.F. 2727-17TH ST. SAN FRANCISCO, CALIF.	CASHIER	\$250	RETURNED TO DAY SCHOOL
3.	11/51	9/52	GRINNELL CO. OF THE PACIFIC 601 BRANNAN ST. SAN FRANCISCO, CALIF.	COST CLERK	\$216	NO FUTURE
4.						

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

- | | | |
|----------------------------|---------|-------|
| 1. NAME | ADDRESS | PHONE |
| <u>MINORU OKAMOTO</u> | _____ | _____ |
| 2. NAME | ADDRESS | PHONE |
| <u>H.A. SALICH, C.P.A.</u> | _____ | _____ |
| 3. NAME | ADDRESS | PHONE |
| <u>C. FOSTER</u> | _____ | _____ |

IN CASE OF ACCIDENT NOTIFY: NAME GEORGE TAKAMOTO
ADDRESS _____ PHONE _____

SIGNATURE OF APPLICANT Minoru Takamoto

DATE JAN. 25, 19 55