

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
LAST: TAMURA FIRST: THOMAS MIDDLE: O. PHONE: [REDACTED]

ADDRESS: [REDACTED] CITY: 15. STATE: Calif.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME
LAST: TAMURA FIRST: Toyoko MIDDLE: [REDACTED]

SOCIAL SECURITY ACCOUNT NO.: [REDACTED] REGISTERED FOR DRAFT? [REDACTED] PRESENT DRAFT CLASSIFICATION: [REDACTED]

YOUR DRAFT SERIAL NO.: [REDACTED] NO. OF YOUR DRAFT BOARD: [REDACTED] LOCATED AT CITY: [REDACTED] STATE: [REDACTED]

MALE FEMALE MARRIED SINGLE WIDOW (ER) DIVORCED CHILDREN

AGE: 32 DATE OF BIRTH: [REDACTED] WEIGHT: 150 lb. HEIGHT: 5'7 1/2" HEALTH: good

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY: 12
YEARS IN STATE: 12

DEPENDENTS: 2 EDUCATION: College, Tokyo, Japan

TYPE OF WORK DESIRED: clerical WAGES EXPECTED: 275⁰⁰

TRADE OR OCCUPATION: import & export APPRENTICESHIP SERVED: yes

EMPLOYED AT PRESENT? [REDACTED] HOW LONG SINCE LAST EMPLOYMENT? [REDACTED]

PREVIOUSLY EMPLOYED HERE? No FROM: [REDACTED] TO: [REDACTED] DEPT.: [REDACTED]

WHAT PHYSICAL DEFECTS HAVE YOU? None

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? (Who and How) No

BANK ACCOUNTS: [REDACTED] INSURANCE CARRIED: LIFE \$ [REDACTED] HEALTH \$ [REDACTED] ACCIDENT \$ [REDACTED]

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$ [REDACTED] BY WHOM EMPLOYED AT TIME? [REDACTED]

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	12/1951	10/1954	T. TAMURA & Co.	owner		Lack of business
	3/1950	11/1951	Dampo Trading Co., Ltd	chief clerk		represent foreign firms
2.	11/1946	3/1950	Tokyo QM Depot U.S. Army	Japanese Personnel MANAGER		enter business
3.						
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 Mrs. T. O. TAMURA

ADDRESS: [REDACTED] PHONE: [REDACTED]

Tokyo, Japan SIGNATURE OF APPLICANT

DATE: 19 _____