

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: MOLZEN FIRST: PETER MIDDLE: MELVIN PHONE: _____

ADDRESS: _____ CITY: SAN FRANCISCO STATE: Calif.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME: _____

SOCIAL SECURITY ACCOUNT NO.: _____ REGISTERED FOR DRAFT? yes PRESENT DRAFT CLASSIFICATION: A-F

YOUR DRAFT SERIAL NO.: _____ NO. OF YOUR DRAFT BOARD: _____ LOCATED AT CITY: _____ STATE: (Broken hip no draft)

MALE FEMALE MARRIED SINGLE WIDOW(ER) DIVORCED CHILDREN

AGE: 27 DATE OF BIRTH: _____ WEIGHT: 165 HEIGHT: 5'10" HEALTH: good

OWN HOME LIVE WITH PARENTS ROOM RENT APARTMENT

YEARS IN COUNTY: _____
YEARS IN STATE: 1

DEPENDENTS: NONE EDUCATION: 2 yrs of college

TYPE OF WORK DESIRED: Bookkeeping WAGES EXPECTED: 250.00

TRADE OR OCCUPATION: _____ APPRENTICESHIP SERVED: _____

EMPLOYED AT PRESENT? NO HOW LONG SINCE LAST EMPLOYMENT? 1 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: Anglo-Calif. National Bank INSURANCE CARRIED: LIFE \$ 5,000 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.	8/54	1/55	California Ink Company 545 Sansome St. S.F.	Payroll Clerk	\$ 275.00	UNABLE TO OBTAIN NEEDED INFORMATION
2.	5/53	6/54	Pan American Airways Long Island City, N.Y.	Jr. Accn't	\$ 275.00	MOVED TO THE WEST COAST.
3.	9/51	5/53	Patio Furniture Company Ridgewood, N.Y.	Jr. Accn't Bookkeeper	\$ 230.00	TOOK A POSITION NEARER HOME.
4.	5/48	9/51	Wright Aero Corp. Wood-Ridge, N.Y.	General Bookkeeping	\$ 250.00	GENERAL LAY OFF IN PLANT.

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

- NAME: R.G. Irving ADDRESS: _____ PHONE: _____
- NAME: W.V. KERN ADDRESS: _____ PHONE: _____
- NAME: L. Sawyer ADDRESS: _____ PHONE: _____

IN CASE OF ACCIDENT NOTIFY: NAME Lucille M. Molzen

ADDRESS: _____ PHONE: _____

SIGNATURE OF APPLICANT

Peter M. Molzen

DATE: _____ 19 _____