

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

FUJIMOTO

AKIRA

NONE

PHONE

ADDRESS

CITY

SAN LEANDRO

STATE

CALIF.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME

N/A

LAST

FIRST

MIDDLE

SOCIAL SECURITY ACCOUNT NO.

REGISTERED FOR DRAFT?

Yes

PRESENT DRAFT CLASSIFICATION

1C RES

YOUR DRAFT SERIAL NO.

NO. OF YOUR DRAFT BOARD

27

LOCATED AT CITY

FAIRFIELD

STATE

CALIF.

MALE

FEMALE

MARRIED

SINGLE

WIDOW(ER)

DIVORCED

CHILDREN

AGE 25

DATE OF BIRTH

WEIGHT

120

HEIGHT

5'4"

HEALTH GOOD

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY 6 YRS

YEARS IN STATE 19 YRS

DEPENDENTS

NONE

EDUCATION

A.B. DEGREE SF. STATE COLLEGE 1952

TYPE OF WORK DESIRED -

TECH (35)

WAGES EXPECTED -

TRADE OR OCCUPATION

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

VALDON DISTRIBUTORS (PART TIME)

HOW LONG SINCE LAST EMPLOYMENT? -

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:

BANK OF DAVIS (SAVINGS)  
BANK OF S.F.

INSURANCE CARRIED: LIFE \$

3000

HEALTH \$

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$

Yes \$10

BY WHOM EMPLOYED AT TIME?

VALDON DISTRIBUTORS

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	1953	1955	U. S. ARMY	MED. LAB TECH		RELEASED FROM ACTIVE SERVICE
2.	1952	1953	DR. MAX KLINDER DIV. OF AIR. MUSE., U.S.F.C., DAVIS	CHEM TECH.	280/MO	INDUCTED INTO ARMED SERVICES
3.						
4.						

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

1. NAME

ADDRESS

PHONE

KATSUYUKI K. FUJIMOTO

2. NAME

ADDRESS

PHONE

BOB N. OTO

3. NAME

ADDRESS

PHONE

PAUL KANEZAWA

IN CASE OF ACCIDENT NOTIFY: NAME

T. FUJIMOTO

ADDRESS

PHONE

SIGNATURE OF APPLICANT

Akira Fujimoto

DATE

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