

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

Imura LAST Koichi FIRST NONE MIDDLE

PHONE _____

ADDRESS _____ CITY Oakland STATE Calif

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME _____ LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY ACCOUNT NO. _____ REGISTERED FOR DRAFT? _____ PRESENT DRAFT CLASSIFICATION 5-19

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

MALE FEMALE MARRIED SINGLE WIDOW(ER) DIVORCED CHILDREN

AGE 29 DATE OF BIRTH _____ WEIGHT 140 HEIGHT 5'5" HEALTH _____

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY _____
YEARS IN STATE _____

DEPENDENTS _____ EDUCATION Sacramento Junior College

TYPE OF WORK DESIRED _____ WAGES EXPECTED _____

TRADE OR OCCUPATION Watch Repair APPRENTICESHIP SERVED _____

EMPLOYED AT PRESENT? _____ HOW LONG SINCE LAST EMPLOYMENT? _____

PREVIOUSLY EMPLOYED HERE? _____ FROM _____ TO _____ DEPT. _____

WHAT PHYSICAL DEFECTS HAVE YOU? _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? (Who and How) _____

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.	1947	1948	STUDENT AT FT Monmouth New Jersey, Signal School.			
2.	1948	1949	Worked in the Post Exchange as a Stone Keeper			
3.	1949	1950	STUDENT AT ETO JMC Radio School Division.			
4.	1950	1951	Radio Repairman			
	1952	1955	Attended School under The G.I. Benefits.			

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 _____

ADDRESS _____ PHONE _____

SIGNATURE OF APPLICANT _____

DATE _____ 19 _____