

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 MILLHAUSER - EDGAR PHONE _____

ADDRESS _____ CITY S.F. STATE CAL.

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

SOCIAL SECURITY ACCOUNT NO. _____ REGISTERED FOR DRAFT? _____ PRESENT DRAFT CLASSIFICATION 4F

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

MALE FEMALE MARRIED SINGLE WIDOW(ER) DIVORCED CHILDREN

AGE 49 DATE OF BIRTH _____ WEIGHT 155 HEIGHT 5'7 1/2" HEALTH OK

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY 23
 YEARS IN STATE 25

DEPENDENTS _____ EDUCATION EQUIVALENT TO 2 YRS COLLEGE (IN GERMANY)

TYPE OF WORK DESIRED SHIPPING CLERK WAGES EXPECTED _____

TRADE OR OCCUPATION _____ APPRENTICESHIP SERVED _____

EMPLOYED AT PRESENT? NO HOW LONG SINCE LAST EMPLOYMENT? _____

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 \$ YES BY WHOM EMPLOYED AT TIME? ALMOST EVERY JOB

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	APRIL '54	DEC. '54	CASA DI VINO (retail store)	CLERK		NO BUS.
2.	OCTOBER '48	DEC. '52	CITY OF PARIS	CLERK		LAI D OFF
3.	OCT. '46	AUG. '48	HOTEL ST. FRANCIS LIQUOR SHOP	CLERK		LAI D OFF
4.	SEPT. '38	DEC. '42	A.E. HARRIS	CERK		QUIT TO ENTER WAR WORK

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

- NAME B. SABAROFF ADDRESS _____ PHONE _____
- NAME MRS. KATHRYN BURKHARDT ADDRESS _____ PHONE _____
- NAME DAVID MORRIS ADDRESS _____ PHONE _____

IN CASE OF ACCIDENT NOTIFY: NAME ARNOLD MILLHAUSER (BROTHER)

ADDRESS _____ PHONE _____

DATE SEPT. 12 19 55 SIGNATURE OF APPLICANT Edgar Millhauser