

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 Kawamura Yoriko PHONE \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ CITY S.F. STATE Calif

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

SOCIAL SECURITY ACCOUNT NO. \_\_\_\_\_ REGISTERED FOR DRAFT? \_\_\_\_\_ PRESENT DRAFT CLASSIFICATION \_\_\_\_\_

YOUR DRAFT SERIAL NO. \_\_\_\_\_ NO. OF YOUR DRAFT BOARD \_\_\_\_\_ LOCATED AT CITY \_\_\_\_\_ STATE \_\_\_\_\_

MALE  FEMALE  MARRIED  SINGLE  WIDOW (ER)  DIVORCED  CHILDREN

AGE 20 DATE OF BIRTH \_\_\_\_\_ WEIGHT 95 HEIGHT 5 feet 2 HEALTH Excellent

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY 8 months  
 YEARS IN STATE 1

DEPENDENTS \_\_\_\_\_ EDUCATION \_\_\_\_\_

TYPE OF WORK DESIRED P/T Typist WAGES EXPECTED \$ 1.00

TRADE OR OCCUPATION Student 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.	<u>1955 Aug</u>	<u>1955 Sep</u>	<u>Pacific Finance Co</u>	<u>General Clerk</u>	<u>1.25 hour</u>	
2.						
3.						
4.						

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

1. NAME Cecilia Noguchi ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME Hanako Naga Katsumi ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

3. NAME Charles Greenston ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME Mrs Charles Greenston

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF APPLICANT Yoriko Kawamura

DATE 9/13/55 19 55