

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: Welsh, Barbara Jean PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: San Francisco STATE: California

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

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 142 HEIGHT 5'8 1/2" HEALTH excellent

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY \_\_\_\_\_  
 YEARS IN STATE \_\_\_\_\_

DEPENDENTS NONE EDUCATION \_\_\_\_\_

TYPE OF WORK DESIRED Sales and/or office WAGES EXPECTED least 240.00

TRADE OR OCCUPATION at present I.B.M. operator APPRENTICESHIP SERVED \_\_\_\_\_

EMPLOYED AT PRESENT? Federal Reserve Bank 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: Savings - Wells-Fargo INSURANCE CARRIED: LIFE \$ \_\_\_\_\_ HEALTH \$  ACCIDENT \$ \_\_\_\_\_

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$ \_\_\_\_\_ BY WHOM EMPLOYED AT TIME? Federal Reserve Bank

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	11/9/55	9/15/55	Federal Reserve Bank 400 Sansome St.	I.B.M. oper	240.00	unsuitable for work
2.	10/54	12/54	H. Wiebes Grant Ave. at Geary St.	Sales	?	season over
3.	8/54	10/54	Hales Bros. Market St at 5th St.	Addresso graph	\$1.30 per hr.	quit for sales work
4.	8/53	1/54	Robt. Kirk, Ltd. #37 Post St.	Sales		season over

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

- NAME: Edward H. Hayes ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
- NAME: Chandler M Ward ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
- NAME: Mrs. Barnaby Conrad ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
- NAME: Mrs. Charlotte Sibley ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME Mrs. Margaret Welsh ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE OF APPLICANT: Barbara Welsh

DATE: Sept 13 19 55

\* Robert Kirk Ltd. Dept.  
\* women's specialty stores.

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\* ① sweaters - inventory ✓  
unit control { stock control of  
items & prices

② marking of items etc.

③ Salary \$240 - mo.

④ Pierce St.

Barbara Welch