

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

Gentry Lucia

0

PHONE

ADDRESS

ST.

MIDDLE

CITY

San Francisco

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 *34* DATE OF BIRTH

WEIGHT *135*

HEIGHT *5'5 1/2"*

HEALTH *VB*

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY *1 1/2*

YEARS IN STATE *1 1/2*

DEPENDENTS *None*

EDUCATION *4 years College*

Tempe Ariz

TYPE OF WORK DESIRED *Secretary - sten*

WAGES EXPECTED *\$2.50*

TRADE OR OCCUPATION *Secretary*

APPRENTICESHIP SERVED *Ariz State College*

EMPLOYED AT PRESENT? *No*

HOW LONG SINCE LAST EMPLOYMENT? *one week*

PREVIOUSLY EMPLOYED HERE? *No*

FROM

TO

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU? *Nearsighted (wear glasses)*

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

BANK ACCOUNTS: *Bank of Amer.*

INSURANCE CARRIED: LIFE \$ *4000*

HEALTH \$ *CP 5*

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$ *750*

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.	12/54	9/1/55	Amer Career Soc. 467 O'Farrell	Secretary	\$2.50	Left for school
2.	2/51	8/54	Ariz State College Tempe Ariz	Secretary sten	\$2.00	Student Emps. Drs. Menke
3.	8/50	2/51	Phoenix College Phoenix, Ariz	Clerk Tippist	95¢/hr	Transferred to A.D.C. Tempe
4.						

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

- NAME *Mr. Chas McLaughlin* ADDRESS *Mills Bldg* PHONE _____
- NAME *Mrs. Esther Mc Gee* ADDRESS _____ PHONE _____
- NAME *Mrs. A. R. Kapperty* ADDRESS _____ PHONE _____

IN CASE OF ACCIDENT NOTIFY: NAME *Mrs. M. J. Simms (sister)*

ADDRESS _____

PHONE _____

SIGNATURE OF APPLICANT

Lucia J. Gentry

DATE *9/12*

19 *55*