

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

SORENSEN GERTRUD

PHONE

ADDRESS

CITY

MIDDLE S. F. 12

STATE

CALIF.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME

SORENSEN

KAI

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 45

DATE OF BIRTH

WEIGHT 128

HEIGHT 53"

HEALTH FINE

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY

YEARS IN STATE 8

DEPENDENTS

EDUCATION

HIGH SCHOOL

TYPE OF WORK DESIRED

SALES LADY

WAGES EXPECTED

TRADE OR OCCUPATION

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

NO

HOW LONG SINCE LAST EMPLOYMENT?

8.31.1955

PREVIOUSLY EMPLOYED HERE?

FROM

TO

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU?

NONE

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

NO

BANK ACCOUNTS:

CROCKER FIRST NAT.

INSURANCE CARRIED: LIFE \$

HEALTH \$

X

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$

NO

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.	OCT. 1952	AUG. 1955	CARGORS INC. POST.	SALES LADY	250 <sup>00</sup>	store closed
2.	FEBR. 1949	OCT. 1952	S. CHRISTIAN OF COPENHAGEN		200 <sup>00</sup> + comm	like a change over \$2,200. - 2% of sales
3.	DEC. 1945	MAY 1948	BRITISH ARMY	CENSOR-EXAMINER		leave USA.
4.	APRIL 1936	NOV. 1945	THORKILD HANSEN COPENHAGEN	SALES LADY		like a change

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

1. NAME

MR. LLOYD DINKELSPIEL

ADDRESS

PHONE

2. NAME

MISS LEE BELANTE

ADDRESS

PHONE

3. NAME

MRS. HILDA MINSHALL

ADDRESS

PHONE

IN CASE OF ACCIDENT NOTIFY: NAME

KAI SORENSEN

ADDRESS

S.F.

PHONE

DATE

SEP 6

19

55

SIGNATURE OF APPLICANT

Gertrud Sorensen

EMPLOYMENT APPLICATION

The applicant is requested to furnish the following information in connection with the application for employment.

Maison Rendevolle

commission basis

over \$ 2,500. - + 5%

3,000. - over 5%

3,500. - over

NAME	ADDRESS	CITY	STATE	DATE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DATE \_\_\_\_\_

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NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DATE \_\_\_\_\_