

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 Hiura Naomi Takako PHONE \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ CITY San Francisco STATE Calif.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME Lloyd Hiura Katsuki  
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 21 DATE OF BIRTH \_\_\_\_\_ WEIGHT 115 HEIGHT 5'2" HEALTH Good

OWN HOME  LIVE WITH PARENTS  ROOM

YEARS IN COUNTY 18  
 YEARS IN STATE 3

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

TYPE OF WORK DESIRED Wrapping 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? None

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 \$ \_\_\_\_\_ 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.						
2.						
3.						
4.						

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

1. NAME Dr. Pearce Weira ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. NAME Rev. Howard Toriumi ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 3. NAME Dr. Kazuo Fogasaki ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY: NAME Lloyd Hiura Lovatt's Pharmacy  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF APPLICANT Mrs. Naomi Hiura

DATE Aug. 6, 19 55