

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 YOSHIDA SATOSHI PHONE _____
LAST FIRST MIDDLE

ADDRESS _____ CITY SAN FRANCISCO STATE CALIF.

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME CHIKAKO YOSHIDA TAKI
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 3

AGE 34 DATE OF BIRTH _____ WEIGHT 115 HEIGHT 5'4" HEALTH Good

OWN HOME LIVE WITH PARENTS ROOM

YEARS IN COUNTY _____
 YEARS IN STATE 1 1/2

DEPENDENTS 4 EDUCATION IN JAPAN COMMERCIAL HIGH SCHOOL

TYPE OF WORK DESIRED _____ WAGES EXPECTED _____

TRADE OR OCCUPATION _____ APPRENTICESHIP SERVED _____

EMPLOYED AT PRESENT? NO 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.						
2.						
3.						
4.						

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

1. NAME Father: Albert Yoshida ADDRESS _____ PHONE _____
 2. NAME _____ ADDRESS _____ PHONE _____
 3. NAME _____ ADDRESS _____ PHONE _____

IN CASE OF ACCIDENT NOTIFY: NAME _____

ADDRESS _____ PHONE _____

SIGNATURE OF APPLICANT Satoshi Yoshida

DATE SEP. 8 1955 19 _____