

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

WIEHL
LAST

ISABEL
FIRST

PHONE

ADDRESS

CITY SAN FRANCISCO STATE CALIFORNIA

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 39

DATE OF BIRTH Jan. 11, 1916

WEIGHT 135

HEIGHT 5ft 6

HEALTH good

OWN HOME

LIVE WITH PARENTS

ROOM

apartment

YEARS IN COUNTY 39
 YEARS IN STATE 39

DEPENDENTS

EDUCATION 2 yrs college

TYPE OF WORK DESIRED merchandising

WAGES EXPECTED \$260

TRADE OR OCCUPATION merchandising

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT? yes

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: American Trust Co

INSURANCE CARRIED: LIFE \$ 1,000

HEALTH Blue Cross 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.	1954		White Horse - Grant Ave - Port	Post buyer	\$260	
2.	1948	1954	Mills College - Oakland	College shop manager	\$315	for advancement
3.	1946	1948	L.F. Museum Civic Center	Bookshop manager	\$275	for advancement
4.	1941	1946	Personal Book Shop - 228 Montgomery	Partner		personal

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

1. NAME

Dr. George Stanford

ADDRESS

PHONE

2. NAME

Mr. Joseph Seligman

ADDRESS

PHONE

3. NAME

Robert Hitchcock

ADDRESS

PHONE

Mills College

IN CASE OF ACCIDENT NOTIFY: NAME Mrs. Harry Weil

ADDRESS

PHONE

SIGNATURE OF APPLICANT

Isabel Weil

DATE 9/7

1955