

# APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

**INSTRUCTIONS.**—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. **If you are applying for a specific United States Civil Service Examination**, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if **not**, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

1. Name of examination, if any; or name of position applied for:	AV.	This space for U. S. Civil Service Commission	To U. S. Civil Service Commission
2. Place of examination (if a written test), or place of employment applied for:			
3. Optional subject (if mentioned in examination announcement):			

4.  Mr.  Mrs.  Miss Yoshito Fujii  
 (First name) (Middle) (Maiden, if any) (Last)

5. 36-10-D  
 (R. D. or street and number)

Hunt, Idaho  
 (City or post office, and State)

6. Date of birth (month, day, year): April 14, 1901

7. Age last birthday: 43

8. Date of this application: Dec. 6, 1944

9. Legal or voting residence: State No

10. Telephone numbers: None None  
 (Residence phone) (Business phone)

11. (a) Check one:  Male.  Female. (b) Check one:  Widowed.  Single.  Separated.  Married.  Divorced.

12. Height, with- out shoes: 5 ft. 3<sup>1</sup>/<sub>2</sub> in. Weight: 116 lb.

13. Where were you born? Hiroshima Japan  
 (Town) (State or country)

O. S. \_\_\_\_\_  
 Gr. \_\_\_\_\_  
 E & E. \_\_\_\_\_  
 P & D. \_\_\_\_\_  
 Ini. \_\_\_\_\_

-- Preference: Adm'd exam. \_\_\_\_\_  
 Allowed— Approved by \_\_\_\_\_  
 -- Veteran. Exam. date \_\_\_\_\_  
 -- Disability. Not. Ra. \_\_\_\_\_  
 -- Wife. Date Reg. \_\_\_\_\_  
 -- Widow. -- Material att'd. \_\_\_\_\_  
 -- Disallowed. -- Material filed. \_\_\_\_\_  
 -- Closed. -- Indian. -- Material ret. \_\_\_\_\_

This space for U. S. Civil Service Commission

SEL. NO.

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	Indicate "Yes" or "No" answer by placing X in proper column	Yes	No
14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned.		<input checked="" type="checkbox"/>	22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard. Date _____		<input checked="" type="checkbox"/>
15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.		<input checked="" type="checkbox"/>	(b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled -- Wife of disabled -- Widow of veteran. -- Disabled veteran.		
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.		<input checked="" type="checkbox"/>	23. Have you registered under the Selective Service Act? If so, give address and number of local board: <u>1 Burleigh N.D.</u> If classified, give your classification _____ Your order number _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45.		<input checked="" type="checkbox"/>	24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization _____ (b) Are you now on active duty? _____		<input checked="" type="checkbox"/>
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.		<input checked="" type="checkbox"/>	25. Give number of persons completely dependent on you, other than husband or wife: <u>3</u> <u>3</u>		
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess.		<input checked="" type="checkbox"/>	26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. -- 3 months. -- 1 month.		
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45.		<input checked="" type="checkbox"/>	27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences: <u>Chicago, Boston</u> <u>New York, Phila., etc.</u> (b) Would you accept appointment outside the United States? Give locations acceptable _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Are you NOW employed by the Federal Government? (a) If so, _____ (Department or agency) _____ (Bureau) _____ (Location) _____ (b) If you now are or have ever been so employed, give dates: from _____, 19____, to _____, 19____ (Month) (Year) (Month) (Year)		<input checked="" type="checkbox"/>	(c) Would you accept appointment in Washington, D. C.? _____ If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.	<input checked="" type="checkbox"/>	
			28. What is the lowest entrance salary you will accept? <u>\$250</u> per <u>mo</u> You will not be considered for positions paying less.		
			29. If you are willing to travel specify: <input checked="" type="checkbox"/> Occasionally. -- Frequently. -- Constantly.		
			30. How much notice will you require to report for work? <u>None</u>		



Yoshito Fujii

Print or type your name here as in Item 4

31. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.) Yes No X

Table with 4 columns: Titles of examinations, Examined in what cities, Month and year, Ratings

(b) Have you passed any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No X

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No X

Table with columns: Name and location of school, Dates attended (From-To), Years completed (Day-Night), Degrees conferred (Title-Date), Semester hours credit

Table with columns: List your four chief undergraduate subjects, Semester hrs., List your four chief graduate subjects, Semester hrs.

Table with columns: 33. Indicate your knowledge of foreign languages (READ, SPEAK, UNDERSTAND), 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? Yes No

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

Table with columns: Full name, Address (Give complete address, including street and number), Business or occupation

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No X

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

Table with columns: Place, From (Month, Year) to (Month, Year), Name of employer, Address, Kind of business or organization, Number and class of employees you supervised, Name and title of your immediate supervisor, Exact title of your position, Salary: Starting, \$ Per Final, \$, Duties and responsibilities, Machines and equipment you used

PRESENT POSITION



Place Seattle Wash.  
 From July, 1935 To Jan, 1942  
 Name of employer:  
Cascade Soda Company  
 Address 714-Dearborn Street.,  
 Kind of business or organization:  
Mfg. of soft beverages.  
 Number and class of employees you supervised 5  
 Name and title of your immediate supervisor  
 Reason for leaving Evacuation

Exact title of your position Owner and Mgr. Salary: Starting, \$ 250.00  
 Per mo Final, \$  
 Duties and responsibilities Complete management of business.  
 Machines and equipment you used Bottling equipment

Place Seattle Wash.  
 From 1929 To 1935  
 Name of employer:  
Fujii Hotel  
 Address 423-Maynard Ave.,  
 Kind of business or organization:  
Hotel business  
 Number and class of employees you supervised  
 Name and title of your immediate supervisor C. Fujii  
Proprietor  
 Reason for leaving

Exact title of your position Hotel clerk Salary: Starting, \$ 125.00  
 Per mo Final, \$ 150.00  
 Duties and responsibilities  
 Machines and equipment you used

Place  
 From 19 To 19  
 Name of employer:  
 Address  
 Kind of business or organization:  
 Number and class of employees you supervised  
 Name and title of your immediate supervisor  
 Reason for leaving

Exact title of your position Salary: Starting, \$  
 Per Final, \$  
 Duties and responsibilities  
 Machines and equipment you used

Place  
 From 19 To 19  
 Name of employer:  
 Address  
 Kind of business or organization:  
 Number and class of employees you supervised  
 Name and title of your immediate supervisor  
 Reason for leaving

Exact title of your position Salary: Starting, \$  
 Per Final, \$  
 Duties and responsibilities  
 Machines and equipment you used



38. Do you hold any position or office under any State, Territory, county, or municipality? X  
 If so, give details under Item 45. Yes No

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act? X  
 If so, give details under Item 45. Yes No

40. Show name and address of wife's (or husband's) employer (if none, write "None"):  
None

41. (a) Were any of the following members of your family born outside Continental U. S. A.? X  
 Yes No

X Wife \_\_\_ Husband \_\_\_ Father \_\_\_ Mother. If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country? X  
 Yes No

If so, for each relative show under Item 45 the (1) name, (2) relationship (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multith, key-punch, turret-lathe, or scientific or professional devices:

SKILL \_\_\_\_\_ SKILL \_\_\_\_\_  
 SKILL \_\_\_\_\_ SKILL \_\_\_\_\_

Words per minute in typing \_\_\_\_\_, stenography \_\_\_\_\_  
 Do you have a license to operate an automobile? X  
 Yes No

43. State what kind of work you prefer Relocation Field Agent for WRA

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

Majoring in Sociology at the University of Washington, I have made a special study to complete the history of the development of Japanese occupation in Seattle, which I believe, is still being kept in the University Library. Since, then, I have had great interest in watching the constant progress being carried out by the Japanese residents. For this reason, I am applying for this job.

45. Space for detailed answers to other questions:

Item No.	Write in left column numbers of items to which detailed answers apply
41(a)	1. Name: Yukiko (Shitamae) Fujii
	2. Birthplace: Hiroshima, Japan
	3. Citizenship: Japan
	4. Naturalization: No

(This section contains horizontal dashed lines for providing detailed answers to questions 41(a), 42, and 44.)

If more space is required, use a sheet of THIN paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

**JURAT (OR OATH).—This jurat (or oath) must be executed.**

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, **DO SOLEMNLY SWEAR (OR AFFIRM)** that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, **SO HELP ME GOD.**

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant) \_\_\_\_\_  
 (Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, at city [or town] of \_\_\_\_\_ county of \_\_\_\_\_, and State [or Territory or District] of \_\_\_\_\_

(Signature of officer) \_\_\_\_\_  
 (Official title) \_\_\_\_\_