

COPY

PLEASE FILL OUT APPLICATION BLANK COMPLETELY

NAME OSWALD LEE H STREET & NUMBER 2515 W 5th St TOWN IRVING
LAST NAME FIRST

PHONE NO BL-3-1628 SOCIAL SECURITY NO 433-54-3937 AGE 23 WEIGHT 150 HEIGHT 5'9"

PLACE OF BIRTH NEW ORLEANS LA. HOW LONG LIVED IN DALLAS CONTINUOUSLY

WHAT GRADE IN SCHOOL 11th NAME SCHOOL ARLINGTON HEIGHTS TOWN Ft WORTH, TEXAS

DO YOU ATTEND COLLEGE NO HOW LONG - NAME COLLEGE -

ARE YOU C MARRIED () OR SINGLE (); HOW MANY DEPENDENTS 2 DEPENDENTS

WHERE DID YOU LAST WORK USMC (THREE YEARS) NATURE OF WORK AIR WING

REASON FOR LEAVING LAST JOB HONORABLE DISCHARGE

HOW LONG DID YOU WORK ON YOUR LAST JOB THREE YEARS

IS YOUR FATHER EMPLOYED DEAD NATURE OF WORK -

IS YOUR MOTHER EMPLOYED YES NATURE OF WORK PRACTICAL NURSE

MEMBER OF ORGANIZATIONS: CHURCH LODGE VETERAN

HAVE YOU ANY PHYSICAL DEFECTS (ANSWER YES OR NO) IF ANSWER IS YES STATE THEM
NO

DO YOU ROOM AND BOARD NO DO YOU LIVE WITH PARENTS NO

SHOULD YOU LIKE TO MENTION SOME OF YOUR SPECIAL ABILITIES YOU WOULD LIKE
COMPANY TO KNOW IN CONSIDERING YOUR APPLICATION USE THE THREE LINES BELOW

CLERICAL (ACCOUNTING) WORK IN MILITARY SERVICE
EXPERIENCED WITH DITTO, ADDING AND SOME TYPING
MACHINE AND FILING SYSTEM

DATE OF APPLICATION
OCT 15, 1963

Lee H Oswald
SIGNATURE OF APPLICANT
By Bruce
2965-15