

Fill in one line only, mark checkboxes according to job for all times. This is important for accurate consideration.

FROM M.A. YR.	TO M.A. YR.	1. NAME OF EMPLOYER 2. ADDRESS OF EMPLOYER	POSITION HELD	NAME OF SUPERVISOR	RATE OF PAY	GIVE SPECIFIC REASON FOR LEAVING
1944	Present	1. <u>Col. L. A. Houston</u> 2. <u>Houston</u>	1. <u>Swimming Pool Service</u> 2. <u>Self</u>	<u>Self</u>		
1961	1964	1. <u>Howard Pool Co.</u> 2. <u>2115 Kirby Houston</u>	<u>Swimming Pool Service</u>	<u>Walt Taylor</u>	<u>Salary</u>	<u>Wanted to go into service for Howard Pool Co.</u>
1963	1964	1. <u>Cystal Pool Co. Inc.</u> 2. <u>6201 Royalton, Houston</u>	<u>Mechanic</u>	<u>Oscar Taylor</u>	<u>Salary</u>	<u>To go into service for Service Pool Co. Howard</u>
1962	1963	1. <u>Self</u> 2. <u>Dallas</u>	<u>Mechanic</u>	<u>Self</u>		<u>Drop out Problems</u>
1956	1962	1. <u>Truss Treatment</u> 2. <u>Dallas</u>	<u>Inst. Maint. electrician's</u>		<u>\$5.26</u>	<u>Applied for transfer to Eng. for 3 yrs. would not take</u>
1954	1956	1. <u>General Electric</u> 2. <u>Dallas</u>	<u>Assembly</u>		<u>\$5.26</u>	<u>Strike hrs. &amp; layoffs.</u>

**EXPERIENCES**

Typing  WPM \_\_\_\_\_  
 Dictated  WPM \_\_\_\_\_  
 Stenographic  \_\_\_\_\_

Auto Typ. Machines  \_\_\_\_\_  
 Calculator  \_\_\_\_\_  
 Stenographic  \_\_\_\_\_

Assessment  \_\_\_\_\_  
 General Office  \_\_\_\_\_  
 Cashier  \_\_\_\_\_

Route Sales  \_\_\_\_\_  
 Grocery Store  \_\_\_\_\_  
 Service Station  \_\_\_\_\_

Berthing Plant  \_\_\_\_\_  
 Truck Mechanics  \_\_\_\_\_  
 Other \_\_\_\_\_

**MEDICAL HISTORY** (Please check ailments which you now have or have had in the past. Check "X" for cured, "N" for cured after surgery)

High Blood Pressure  Kidney Disease  Diabetes  Rheumatism  Epilepsy (fit)  Other \_\_\_\_\_  
 Varicose Veins  Heart Disease  Arthritis  Back Injury  Hernia/Extrusion  \_\_\_\_\_  
 Loss of eye, R ( ) L ( )  Tuberculosis  Loss Reading  Rupture  Incontinence  \_\_\_\_\_

Are you willing to take a polygraph examination and evaluation examination?  Yes

List any Accidents or Illnesses You Have Had: \_\_\_\_\_  
 Have you ever received a certificate for an injury which happened on the job, other than normal weekly Workers' Compensation Benefits? \_\_\_\_\_  
 If so, please describe injury: \_\_\_\_\_

**REFERENCES** (Over Relatives or Former Employers)

1. Name Wesley Taylor Address 2115 Kirby Houston Phone 74-3-956 Occupation Swimming Pool How Long? 10 yrs  
 2. Name Walter Mackey Address 1806 W. Main Phone 74-3-956 Occupation Self How Long? 3 yrs

1. the national pool, hereby authorize all employers and others to give any information concerning me and release them and you from all liability in furnishing and receiving such information. All statements made by me on this application are true and correct to the best of my knowledge, in the industrial, open, as a part of my contract of employment, the seal government of my wages or compensation due, or because of, from Houston Case-Cole Drilling Company, and no power of attorney be collect any such wages or compensation, shall over the binding upon Houston Case-Cole Drilling Company, unless it is in writing and acknowledged by an attorney of the Company prior to its execution, and that the receipt of the undersigned shall fully discharge Houston Case-Cole Drilling Company from any further or additional liability by reason of any wages or compensation earned by the undersigned, notwithstanding any such attempted assignment of power of attorney provided, however, that Houston Case-Cole Drilling Company, strictly in the event of the absence, death, or disability of the undersigned, may pay any wages or other compensation due the undersigned to my surviving spouse, and the receipt of such spouse shall be binding on me, my heirs, assigns and legal representatives.

Date 2-12-64

Date Employed 19 Dept. 43 Job Temporary Divid Payroll No. 225 Rm. 132

Signed: Wesley Taylor