

10/14/63

02-24

Male - Trainee

No - 808 11 0787 -
Sal discussed: \$230.00/mo, with \$12.50/mo incr after 4 mos if goes well -
No annual vacation in 1964. -

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE *Oct. 14, 1963* SOCIAL SECURITY NUMBER *433-54-3957*

NAME *Cawold Lee Harvey* AGE *23* SEX *Male*

PRESENT ADDRESS *2515 West 5th St. Irving Texas*

PERMANENT ADDRESS *same as above*

PHONE NO. *82 31828*

DATE OF BIRTH *Oct 18, 1939* HEIGHT *5-9* WEIGHT *140* COLOR OF HAIR *B.* COLOR OF EYES *Grey*

MARRIED SINGLE WIDOWED DIVORCED SEPARATED

NUMBER OF CHILDREN *one* DEPENDENTS OTHER THAN WIFE OR CHILDREN *none* CITIZEN OF U.S.A. YES NO

IF RELATED TO ANYONE IN OUR EMPLOY. STATE NAME AND DEPARTMENT *n/a* REFERRED BY *Newspaper Ad*

EMPLOYMENT DESIRED *Miller is & Proc. Nurse, Irving, TX*

POSITION *Office Aide (7a. is head)* DATE YOU CAN START *D/W* SALARY DESIRED *1.50 Wk*

ARE YOU EMPLOYED NOW? *no* IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER EMPLOYED TO THIS COMPANY BEFORE? *no* WHERE WHEN

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRADE SCHOOL	<i>Ryden West</i>	<i>8</i>	<i>1955</i>	<i>General Studies</i>
HIGH SCHOOL	<i>Arline Heights</i>	<i>4</i>	<i>1959</i>	<i>General Studies</i>
COLLEGE	<i>none</i>			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<i>military clerical school Charleston, S.C.</i>	<i>3 months</i>	<i>1961</i>	<i>Cost accounting, clearing, Dutch filing, etc.</i>

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK *Accounting, Diesel Card punched, ending 1959 (keep on bill not rec'd)*

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? *none* READ *none* WRITE *none*

U.S. MILITARY OR NAVAL SERVICE *USMC - one yr, Marine Corps - RANK *Sgt.** PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE *Invited member*

ACTIVITIES OTHER THAN RELIGIOUS (CLUBS, ATHLETIC, FRATERNAL, ETC.) *none served 2-5 yr KKK*

EXCLUDE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM <i>1940</i> TO <i>1943</i>	<i>active duty</i> U.S.M.C. (Hawaii)			
FROM <i>June 1940</i> TO <i>Sept 1940</i>	<i>General F. F. F. F.</i> <i>investigative firm</i>	<i>1400</i> <i>wk.</i>	<i>Office</i> <i>clerk</i>	
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
<i>Mr. R. Paul</i>	<i>2517 W. 5th St.</i>	<i>Home wife</i>	<i>1 yr.</i>
<i>Mrs. J. L. L.</i>	<i>102 Duane</i>	<i>Engineer</i>	<i>"</i>
<i>Mrs. M. G. G.</i>	<i>621 Marston</i>	<i>Retired</i>	<i>"</i>

PHYSICAL RECORD
LIST ANY PHYSICAL DEFECTS

WERE YOU EVER INJURED? *no* GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING? *no* IN VISION? *no* IN SPEECH? *no*

IN CASE OF EMERGENCY NOTIFY *Mrs. M. G. G.* NAME *Mrs. M. G. G.* ADDRESS *2515 W. 5th St.* PHONE NO. *02 31128*

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE *Oct. 14, 1943* SIGNATURE *[Signature]*

DO NOT WRITE BELOW THIS LINE
 INTERVIEWED BY *Hope Summer* **IMPORTANT:** although this man makes an excellent appearance & seems quite intelli-
 REMARKS: he seemed unable to understand when I continually & clearly asked him for his honorable discharge card or papers for the latest (just ended) hitch - I believe he does not have & will not get such a paper or card - DO NOT CONSIDER FOR THIS REASON ONLY - SM

HEALTH	CHARACTER
PERSONALITY	ABILITY

APPROVED BY: *[Signature]* EMPLOYMENT MANAGER
 WFL REPORT: *[Signature]* SALARY WAGES: *[Signature]*
 DEPT. HEAD: *[Signature]* GENERAL MANAGER: *[Signature]*

