

Please print or type

Permit
APPLICATION FOR EMPLOYMENT

Date May 9, 1963

Company Wm. B. Reilly & Co. Inc. Location 640 Pangajins St.

LEE HARVEY OSWALD 433-54-3937

Name in full: _____ Social Security Number _____

515 757 FRENCH ST. HU-84326

Present address: number, street, city and state. Telephone number HU 84326

How long have you lived there? PERMANENT

Permanent or last address, Street SAME

City SAME State _____

How long lived there? _____

Address at which you lived longest in last 5 years: _____

Street _____

City _____ State _____

How long lived there? _____

Do you live with parents? Board Rent

Own home? _____

List under Employment Record on next page all additional addresses at which you lived in the past 5 years with street addresses and how long at each.

Have you taken recent physical examination? yes

For what purpose? _____

Did you pass? yes

Time lost through accident or illness in past two years NONE

What is present condition of your health? Good

Are you willing to take physical examination? yes

Age 23 Date of Birth Oct. 18, 39 Sex: Male Female

Physical Qualities: _____

Height 59 Weight 150 Health EXCEL

Marital Status: Single Married Divorced Widower

Separated Engaged

Number of Children 1 Age 15 months

How long married? 26 yr. Separated? no Other dependents none

Education: Completed High school

Weekly income from last job _____

Business living expenses _____

Previous Occupation, name exact dates ACTIVE DUTY

U.S.M.C.

Does applicant have any other income, personally or from spouse? no

If so, what amount _____

Number of jobs held in last five years _____

Length of time since last employed _____

Physical disability or impairment - Blind NONE

Speech Yes Right eye Yes Left eye Yes Hearing Yes

Foot & Legs No Neck No Hands & Arms No

Any other defect NONE

Grammar school - Name Blawiegon J.H.S. Grade Finished _____ Age at end _____

High school - Name Warren Eastern S.H.S. Year graduated 1957

Name of college _____ Course _____ Year graduated _____ Degree _____

Name of night school _____ Course taken _____

Special Study Courses _____

Have you had any accidents in the last 2 years? no If so, give details _____

D-43618 K24 AX
LABORATORY

Form 1015-11-9/60

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EMPLOYMENT RECORD
(Print or type clearly)

From (Month & Year)	To (Month & Year)	NAME OF EMPLOYER (SHOW PRESENT POSITION FIRST)	STREET ADDRESS	CITY & STATE	NAME OF FOREMAN OR SUPERVISOR	NATURE OF WORK	WEEKLY EARNINGS	REASON FOR LEAVING OR WAITING TO LEAVE
1957	1963	U.S.M.C.						
	1964	SEASIDE						
		(Next Preceding)						
		(Next Preceding)						
		(Next Preceding)						

Are you employed at present: NO May we write your present employer now: YES Were you in the Armed Services: YES What type of discharge have you: HELD Show your discharge to your supervisor: INACTIVE RESERVE

PERSONAL CHARACTER REFERENCE:

1. J. J. J. J. J. PHARMACIST 757 E. 2nd St. AD 84326

2. W. S. J. J. J. PHYSICIAN 1234 5th St. AD 84326

3. Lieut. J. Evans ACTIVE DUTY U.S. M.C.

Have you ever been employed by us before? NO In what capacity? _____

Name relatives in our employ, if any: None

Name personal acquaintances in our employ: NO

IN WHAT WAY WERE YOU FIRST INTERESTED IN WORK WITH US? through Ad in Paper

In making this application to the Company, I understand that I am at liberty to investigate and its record in any manner I see fit. The information I have given above is for the purpose of enabling the Company to investigate me and my record in any manner it sees fit.

It is agreed that any proposition made me is predicated upon the authenticity of the statements made above.

I authorize the investigation of my application and authorize each of my former employers and my references to render full and true information to the Company, its employees and its investigators as to my character, present habits, ability, and any and all other information requested.

I hereby specifically release and release the Company, its employees, its investigators, my former employers, and my references from any and all claims, demands, or actions of any nature whatsoever, known or unknown, in connection with the making of this information. Further, if the Company releases me as set out in my application, I do hereby release all parties of any responsibility and specifically waive all my rights to any and all damages suffered. I entered this release to former employers I may have indicated in some of the applications and to instruct the shall report to the Company with reference to this application.

Group Number: 1A (Signature of Applicant)

Accepted By: [Signature]

Starting Date: 5-10-63 Starting Salary: 1.50 per hr.

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