

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	Collier's Houston	Swimming Pool Service	Self		
1961	1964	Howard Pool Co. 2115 Kirby Houston	Swimming Pool Service	Walt Taylor	Salary	Wanted to go into service for service with Howard
1963	1964	Crystal Pool Time 6201 Royalton Houston	Mechanic	Oscar Selby	Salary	7090 into service for service with Howard
1962	1963	Self Dallas	Mechanic	Self		Drop out Problems
1956	1962	Texas Treatment Dallas	Head Maint. electronics vacuum tubes		\$5.26	Applied for transfer to Eng. for 3 yrs & would prefer to work for Govt.
1954	1956	General Electric Dallas	Assembly Utility		\$5.26	Shift hrs & layoffs.

**EXPERIENCES**

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

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

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

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

Berthing Plans  \_\_\_\_\_  
 Truck Mechanics  \_\_\_\_\_  
 Other \_\_\_\_\_

**MEDICAL HISTORY** (Please check ailments which you now have or have had in the past. Check "X" for cured, "N" for not cured.)

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

Are you willing to take a polygraph examination and evaluation examination?  Yes  No

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 Foy Address 2115 Kirby Houston Phone 74-3-956 Occupation Swimming Pool How Long? 10 yrs  
 2. Name Walter Mackie Address 1806 W. Main Phone 74-3-956 Occupation Swimming Pool How Long? 3 yrs

1. the national pool, hereby authorize all employers and unions to give any information concerning me and release them and you from all liability in fact doing and receiving such information. All statements made by me on this application are true and correct to the best of my knowledge, I, the undersigned, upon, as a part of my contract of employment, the one and agreement of my wages or compensation due, or to become due, from Houston Case-Cala Drilling Company, and no power of attorney be collect any such wages or compensation, shall over be binding upon Houston Case-Cala 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-Cala 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-Cala 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. W3 \_\_\_\_\_  
 Job Temporary Divid \_\_\_\_\_  
 Payroll No. 225 \_\_\_\_\_  
 Rm. 132 \_\_\_\_\_