

Please print or type **Permit APPLICATION FOR EMPLOYMENT** Date April 9, 1963

Company Wm B. Reilly & Co. Inc. Location 640 Magazine St.
 Name in full: LEF HARVEY Oswald Social Security Number 433-54-3937

Present address: number, street, city and state. 515 757 French St. Telephone number HU-84326
 How long have you lived there? Continu. Telephone number HU 84326

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 Condition: _____
 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 mo. Separated? no Other dependents none
 Education: Completed High school
 Weekly income from last job _____
 Minimum living expenses _____
 Previous Occupation, name exact duties 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 1
 Physical deformity or impairment - Name NONE
 Speech No Right eye No Left eye No Hearing No
 Feet & Legs No Back No Hands & Arms No
 Any other defect NONE

Grammar school - Name Beaumont 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-436518 K24 AX
 LABORATORY

Form 306-1M-60

EMPLOYMENT RECORD
(Print or type clearly)

EMPLOYEE NUMBER	NAME OF EMPLOYER (Include address and telephone number)	TYPE OF SERVICE	CITY & STATE	DATE OF SERVICE	REASON FOR LEAVING
1	John J. Evans	Active	St. Louis, Mo.	1952-1953	Retired
2	St. Louis, Mo.	Active	St. Louis, Mo.	1953-1954	Retired
3	Lieut. J. Evans	Active	St. Louis, Mo.	1954-1955	Retired

Are you employed at present: NO May we write your present employer now: NO What type of discharge have you had: Show your discharge to your supervisor: INACTIVE RESERVES What is your draft status: RESERVES

PERSONAL CHARACTER REFERENCE: NAME: PHARMACIST STREET NO. OR BOX AND TOWN AND TELEPHONE: 252 SPAN 4 ST. MO 84326

1. John J. Evans PHARMACIST 252 SPAN 4 ST. MO 84326

2. St. Louis, Mo. PHARMACIST 252 SPAN 4 ST. MO 84326

3. Lieut. J. Evans RETIRED 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 Air in 1918

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

It is agreed that any preparation made me is predicated upon the truthfulness of the statements made above.

I authorize the investigation of my application and authorize each of my former employers and character references to render full report to the Company, with all information regarding me, on my character, personal habits, ability, and any and all other information requested.

I hereby specifically release and release the Company, its employees, its investigators, my former employers, their employees, and my character references, and all liability for the same, of this information. Further, if the Company releases me, I do hereby release all my rights to any and every degree referred. I intend this release to be binding on my former employers and all persons who shall report to the Company and release to this application.

Group Number: VA Accepted By: Ed Clarke Starting Date: 5-10-63 Starting Salary: 1.50 per hr.

(Signature of Applicant)

D-436518 K24 AX

D-14