

**IMPORTANT CIVILIAN AND MILITARY EXPERIENCE**  
DESCRIBE YOUR LONGEST AND MOST IMPORTANT JOBS. BEGIN WITH YOUR MOST RECENT JOB.

*R.T.*

13. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <i>JAG-LOKS - CIVILIAN - SPECIAL TYPO.</i>	NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT <i>COMM. PHOTOGRAPHER</i>
ADDRESS <i>522 Browder DALLAS, TEXAS</i>	
EMPLOYER'S BUSINESS <i>TYPOGRAPHY</i>	<i>Developing and taking of film negatives, printing photos from them, enlarging photos</i>
YRS. or MOS. ON JOB <i>6 mos.</i>	DATE LEFT <i>APRIL 10</i>
14. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <i>ADY - R - PAK CO.</i>	NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT <i>Shipping Clerk</i>
ADDRESS <i>201 N.E. VANCE ST. FT. WORTH, TEXAS</i>	
EMPLOYER'S BUSINESS <i>VENTILATOR CO.</i>	<i>As clerk in stock and mail dept. Filling out Bills of lading, receiving of goods ect.</i>
YRS. or MOS. ON JOB <i>3 mos.</i>	DATE LEFT <i>Oct 1962</i>
15. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <i>U.S. M.C.</i>	NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT <i>RADAR OPERATOR</i>
ADDRESS <i>CALIF. ect.</i>	
EMPLOYER'S BUSINESS	<i>Attended Electronic Radar Operators school</i>
YRS. or MOS. ON JOB <i>3 mos.</i>	DATE LEFT
16. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE	NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT <i>Says not qualified for civilian</i>
ADDRESS	
EMPLOYER'S BUSINESS	
YRS. or MOS. ON JOB	DATE LEFT
17. SUMMARY OF OTHER WORK EXPERIENCE (GIVE JOB TITLE, DURATION AND DATE ENDED)	

**DO NOT WRITE BELOW THIS LINE**

SPECIAL INFORMATION  
*U.S. C.I.A.  
No Cov.*

*Has one child 14 mos daughter*

*Returned to N.O. LA. 7-25-63  
having been born here, lived here 14 years.*

EMPLOYMENT COUNSELING STATEMENT

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LEISURE TIME ACTIVITIES

COMMENTS *Will travel on limited basis. Will re-locate Min. 1/25 for Nat. Sec. Tit. Police*

INTERVIEWER *[Signature]*



INTERSTATE CLAIM SUPPLEMENT

Name (Print) LEE H. OSWALD

Liability TEXAS

Age 23 Soc. Sec. Account No. 423-54-3931

- 1. Do you have definite prospects of work with:
  - a. Your Last Employer?  \*Yes  No
  - b. With another employer?  \*Yes  No
- 2. Do you expect to get work through a Union?
  - a. If 'Yes', are you registered with the Local of your Union here?  \*Yes  No

\* If 'Yes' give date you will start to work and employer's name

If 'Yes', give Local Union number, name of Union and city.

3. Name the occupations in which you have had experience. (List the kind of work you usually do first)  
PHOTOGRAPHER, CLEAR SHIPPING

a. What kind of work do you plan to look for? PHOTO

b. What is the lowest rate of pay you will accept now? 1.40

c. What was your wage on your last job? 1.45

4. a. How far do you live from where you might find work? 2 MILES

b. How will you travel to and from work? PUBLIC TRANS

5. Do you usually live here?  Yes  No

\* If 'No', a. When did you get here?

b. How long will you stay? PC

c. Why did you decide to come here?

6. Have you ever been employed in this area?  Yes  No

\* If 'Yes', give date you last worked here and employer's name.  
JULY 19<sup>th</sup> 1951, W.M. B. REILLY CO.

7. Do you  
a. Work for anyone now?  \*Yes  No

\* If 'Yes', explain your activity, what hours of the day and how many hours a day you spend at it. (If you plan to attend school, give name of school and expected starting date).  
NEW ORLEANS

b. Farm, live on a farm, work on a farm, or own, rent or control any farm land or livestock?  \*Yes  No

c. Spend any time as self-employed or in business of any kind?  \*Yes  No

d. Attend school or plan to attend school?  \*Yes  No

8. Can you accept a permanent full-time job at once?  Yes  No

\* If 'No', state the reason you cannot accept work now.

9. Are you claiming, receiving, or have you applied for:  
a. Sick or disability benefits?  \*Yes  No

\* If 'Yes', describe: showing date of application, amounts, source and other details.

b. Workmen's Compensation  \*Yes  No

c. A pension?  \*Yes  No

d. Social Security  \*Yes  No

10. TO BE ANSWERED BY WOMEN ONLY

a. Are you pregnant?  \*Yes  No

\* If 'Yes', expected date of birth.

b. Do you have minor children?  \*Yes  No

\* If 'Yes', give their ages.

Who will care for them if you find work?

I certify that the foregoing answers are true and correct to the best of my knowledge.

Write Your Name Here X

Lee H. Oswald

CLAIMANT - DO NOT WRITE BELOW THIS LINE

A Reason or IB-9 Code c-2

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA

CLAIMANT — DO NOT WRITE ON THIS SIDE

11. FACT FINDING REPORT (Use in lieu of IB-11 when entries on the other side raise a potential issue).

I certify that the above is true and correct to the best of my knowledge.

Claimant's Signature

12. EXAMINER'S STATEMENT (Describe local labor market conditions relating to the claimant's occupation and wage dem. Comment on all entries on the other side of this form which affect claimant's reemployment or require clarification. Also evaluate statement in item 11, if any.)

Claimant has not had steady employment over past 2 years. His requests are reasonable.

Local Office Representative

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LOUISIANA-19

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Budget Bureau No. 44-R1004.1

1. NAME LEE H. OSWALD  
(Print) (First) (Middle) (Last)

3. SSA No. 433 54 3937

2. MAILING ADDRESS 757 Franklin St.  
(No.) (St. or Rural Route)  
New Orleans La.  
(City) (Zone No.) (State)

4. Liable State La.  
 UI  UCFE  UCX

5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my base period as noted below was omitted or incorrectly stated on my determination:  
a. Employer Name Guaranty - Charles Allwell Co. Nature of business Printing Co.  
Address where work performed 1115 22 Boulevard St.  
Address where records kept New Orleans, La. No. of employees 200

I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.21  
Qtr. Wages: 1962 1st Q \$ 717.21 1963 1st Q \$ 970.00 1963 2nd Q \$ — 1963 3rd Q \$ — 1963 4th Q \$ —

b. Employer Name — Nature of business —  
Address where work performed —  
Address where records kept — No. of employees —

I worked from — through — in — weeks for \$ —  
Qtr. Wages: 19— 1st Q \$ — 19— 2nd Q \$ — 19— 3rd Q \$ — 19— 4th Q \$ —

c. Enter below any other information which may apply (a) other names under which worked; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.  
(a) Employer's business registration number is 534 which is 433-54-3739

WBA and MBA incorrect because —  
 Other —

7. The above facts are true to the best of my knowledge and belief.

8. Documents Attached  Yes  No Title and Date of Documents attached W-2  
9. Request filed If in person, enter date filed 7-29-63  
If by mail, enter postmark date —

10. Use L.O. stamp or enter L.O. address and No.

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA

Itinerant Point Locations

11. I certify that I have verified the claimant's social security number.  
[Signature]  
(Claims Examiner's Signature)

Distribution: Original and one to liable interstate unit; copy to claimant; copy for agent state local office.

A C

Local Office Representative: Add comments, circle A or C, if C add number showing interview and state reasons for code assignment; include statement re claimant's prospects for employment in the light of local labor market condition; date and sign.

Unfavorable because of short work history. We have nothing to offer.

Stamp or write in local office address. If itinerant point, show address.

5-6-63

Date

*A. Brown*

Local Office Representative

### EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name LEE HARVEY OSWALD Social Security Account Number 433-54-393  
Print home address 2515 West 5th St City IRVING Zone \_\_\_\_\_ State TEXAS

**EMPLOYEE:**

File this form with your employer. Otherwise, he must withhold U. S. Income tax from your wages without exemption.

**EMPLOYER:**

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

#### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" \_\_\_\_\_
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
  - (a) If you claim both of these exemptions, write the figure "2" \_\_\_\_\_
  - (b) If you claim one of these exemptions, write the figure "1" \_\_\_\_\_
  - (c) If you claim neither of these exemptions, write "0" \_\_\_\_\_
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
  - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2" \_\_\_\_\_
  - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" \_\_\_\_\_
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side.) \_\_\_\_\_
5. Add the number of exemptions which you have claimed above and write the total. 4
6. Additional withholding per pay period under agreement with employer. See Instruction 1. \_\_\_\_\_

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) cd 11/1963 (Signed) Lee H. Oswald