

APPLICATION FOR EMPLOYMENT

The Times-Mirror Company

EMPLOYMENT
IS SUBJECT
TO PHYSICAL
EXAMINATION

DRAFT CLASSIFICATION _____

DRAFT BOARD No. _____

DATE _____ 19____ SOCIAL SECURITY ACCT. NO. _____

PERSONAL INFORMATION:

LAST NAME

FIRST

MIDDLE

TEMPORARY ADDRESS

STREET AND NO.

CITY

STATE

TELEPHONE

HOME ADDRESS

STREET AND NO.

CITY

STATE

TELEPHONE

PERSON TO BE NOTIFIED
IN CASE OF SICKNESS

NAME

RELATIONSHIP

STREET AND NO.

CITY

STATE

TELEPHONE

NAME AND ADDRESS OF WIFE
OR HUSBAND IF LIVINGAGE DATE OF
BIRTH

MONTH

DAY

YEAR

BIRTHPLACE

CITY

STATE

COUNTRY

CITIZENSHIP

COUNTRY

ANCESTRY

(ENGLISH, FRENCH, ETC.)

HOW LONG HAVE YOU
RESIDED IN CALIFORNIA?

HEIGHT FEET INCHES WEIGHT LBS.

COLOR OF HAIR

EYES

SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ NUMBER OF CHILDREN _____ OTHER DEPENDENTS _____

ANY PHYSICAL DEFECTS? _____ ANY RECENT ILLNESS? _____

RELATIVES EMPLOYED BY THIS COMPANY

NAME

RELATION

HAVE YOU EVER BEEN
EMPLOYED BY THIS COMPANY? _____ WHEN? _____REASON FOR
LEAVING _____

EDUCATION:

NAME OF SCHOOL

NO. OF
YEARS

GRADUATED

DATE
LEFT

COURSES TAKEN

GRADE SCHOOL

HIGH SCHOOL
OR PREPBUSINESS OR
CORRESPONDENCE

COLLEGE

OTHER

WHAT FOREIGN LANGUAGES DO
YOU SPEAK? READ? WRITE? _____

KIND OF WORK DESIRED _____

ARE YOU NOW EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

(over)

PREVIOUS EMPLOYMENT

PRESENT OR LAST:

NAME OF FIRM _____ ADDRESS _____ TELEPHONE _____
DATE _____ FROM _____ TO _____ RATE \$ _____ PER _____ IMMEDIATE
SUPERVISOR _____
NATURE OF WORK _____

NEXT PREVIOUS:

NAME OF FIRM _____ ADDRESS _____ TELEPHONE _____
DATE _____ FROM _____ TO _____ RATE \$ _____ PER _____ IMMEDIATE
SUPERVISOR _____
NATURE OF WORK _____

NEXT PREVIOUS:

NAME OF FIRM _____ ADDRESS _____ TELEPHONE _____
DATE _____ FROM _____ TO _____ RATE \$ _____ PER _____ IMMEDIATE
SUPERVISOR _____
NATURE OF WORK _____

NEXT PREVIOUS:

NAME OF FIRM _____ ADDRESS _____ TELEPHONE _____
DATE _____ FROM _____ TO _____ RATE \$ _____ PER _____ IMMEDIATE
SUPERVISOR _____
NATURE OF WORK _____

NEXT PREVIOUS:

NAME OF FIRM _____ ADDRESS _____ TELEPHONE _____
DATE _____ FROM _____ TO _____ RATE \$ _____ PER _____ IMMEDIATE
SUPERVISOR _____
NATURE OF WORK _____

IF NO PREVIOUS EMPLOYMENT, OR IN BUSINESS FOR SELF, LIST BELOW THREE REFERENCES, GIVING ADDRESSES, TELEPHONE NUMBER, AND BUSINESS:

SUMMARIZE HERE OTHER EXPERIENCE OR QUALIFICATIONS:

OFFICE AND PLANT
MACHINES USED _____

IMPORTANT — READ CAREFULLY:

GROUP INSURANCE: On completing 6 months' service you will be eligible for the Times Group Life and Disability, and Hospitalization Insurance. Please attach application hereto.

WELFARE: The widespread activity of the Times Employees (Welfare) Committee is financed by 60c semi-annual contributions by the employees, matched by the company. For "the duration" of National Emergency, all present employees have approved an additional 30c semi-annual contribution for periodic gifts to our fellow-employees on leave with the U. S. armed forces. Please authorize payroll deductions for these by your initials here: _____

PENSION: On completing necessary term of service, employees are eligible for the Company pension plan and are expected to enroll. Please indicate here whether or not you will join the plan and will authorize payroll deduction for your contributions. _____

RELEASE: I hereby authorize any or all previous employers to furnish my record with them together with reason for leaving, if known, and all information they may have concerning me, whether it be of record, and release them and The Times-Mirror Company from all liability for any damage whatsoever arising from furnishing The Times-Mirror Company with my record.

SIGNATURE OF APPLICANT _____