Personnel **ENVELO-FILE** ®

PRINT EMPLOYEE'S NAME ON TAB

YEARS OF SERVICE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	OVER 25

DATE OF BIRTH _____ SEX: M_____ F_____ SOCIAL SECURITY NUMBER _____

CITIZEN: YES_____ NO_____ MARITAL STATUS: SINGLE___ ENGAGED___ MARRIED___ SEPARATED___ DIVORCED___ WIDOWED___

NO. OF DEPENDENTS INCLUDING SELF _____ PHYSICAL DEFECTS _____

EDUCATION: GRADE SCHOOL_____ HIGH SCHOOL_____ COLLEGE _____ SPECIAL TRAINING _____

COMPANY TRAINING _____

PARTICIPATION IN
- CREDIT UNION: _____ DATE ELIGIBLE _____ DATE JOINED _____
- GROUP INSURANCE: _____ DATE ELIGIBLE _____ DATE JOINED _____
- PENSION PLAN: _____ DATE ELIGIBLE _____ DATE JOINED _____

UNION MEMBER: YES _____ NO _____ DATE OF JOINING _____

ADDRESS _____
NO. STREET CITY STATE TELEPHONE

ADDRESS _____
NO. STREET CITY STATE TELEPHONE

ADDRESS _____
NO. STREET CITY STATE TELEPHONE

IN EMERGENCY NOTIFY _____

ADDRESS _____
NO. STREET CITY STATE TELEPHONE

RELATIVES OR FRIENDS WORKING FOR COMPANY
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____

CREDIT DATA

EMPLOYMENT HISTORY

DATES FROM	DATES TO	POSITION	DEPARTMENT	RATE OF PAY AMOUNT		RATE OF PAY PER	GRADE OF WORK	REASON FOR CHANGE OR TERMINATION

SPECIAL INFORMATION

TERMINATION RECORD

VOLUNTARY		INVOLUNTARY		DETAILED STATEMENT OF REASON FOR TERMINATION
BETTER JOB	____	CO. RELOCATION	____	
FAMILY	____	CO. REORGANIZATION	____	
GENERAL DISSATISFACTION	____	END OF TEMPORARY PERIOD	____	
ILLNESS	____	INCOMPETENCE	____	
INSUFFICIENT PAY	____	LACK OF WORK	____	
RELOCATION	____	MISCONDUCT	____	
OTHER	____	TRADE DISPUTE	____	
UNKNOWN	____	RETIREMENT	____	
RECOMMENDED FOR REEMPLOYMENT?		DEATH	____	
YES ____ NO ____		OTHER	____	

CYWL 4-001371

APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

Dept. MAC GREGOR
Foreman
Job Title
Rate
Towel
XGI
Started

Date 2-26-70

Print Name CUELLAR (Last) JAIME (First) (Initial)

Address 2021 N CERMAK (St. & No.) CHICAGO (City) ILLINOIS (State)

Phone _____ Soc. Sec. No. [redacted]

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Date of Birth 3-29-44 U. S. Citizen? RESIDENT

Height 5'7" Weight 150 Are You Physically Handicapped? NO How? _____

Any record of convictions? NO For what offense? _____

Have you friends or relatives in our employ? NO Who? _____

In an emergency, whom shall we notify? DOLORES CUELLAR (Name) 2021 N. CERMAK (Address) _____ (Phone) How related? _____

EDUCATION

Grade School SACRAMENTO Years Attended 6 Graduate? YES Date Left 1953

High School _____ Years Attended _____ Graduate? _____ Date Left _____

Other AUTOMOTIVE TECH. INSTITUTE Years Attended 1 Graduate? YES Date Left 1968

EXPERIENCE

EMPLOYER TAMALES MONTERREY From (date) 1965 to 1970

Address 2021 W. CERMAK RD City CHICAGO State ILLINOIS

What was your job? DELIVERY AND MECHANIC Salary [redacted]

Why did you leave? SLOW

EMPLOYER _____ From (date) _____ to _____

Address _____ City _____ State _____

What was your job? _____ Salary _____

Why did you leave? _____

EMPLOYER _____ From (date) _____ to _____

Address _____ City _____ State _____

What was your job? _____ Salary _____

Why did you leave? _____

EMPLOYER _____ From (date) _____ to _____

Address _____ City _____ State _____

What was your job? _____ Salary _____

Why did you leave? _____

Armed Forces Serial No. IN MEXICO Length of Service _____

What kind of work do you do best? ANY THING Second Best? MECHANIC

READ OVER THE DATA YOU HAVE GIVEN AND MAKE CERTAIN ALL THE REQUESTED INFORMATION HAS BEEN ACCURATELY AND COMPLETELY SUPPLIED.

If additional space is needed, use reverse side.

Signature Jaime Cuellar

CONFIDENTIAL INFORMATION REDACTED

CYWI 4-001372
N14539.01

R.R.

WEINZIMMER CLINIC
1211 South Cicero Avenue

PHYSICAL EXAMINATION

Company Mac Hugan Lead Date 2-27-70

Applicant	Present Employee	Re-employment
X		-

Examination	Re-examination
✓	

Name Jaime Cuellar Nature of Work Gen Fact.

Address 2021 W Cermak Sex M Race W

Height 67 Weight 134 3/4 Age 25 Marital Status M

Previous Injuries, Operations or Diseases [redacted]

Deformities from Injuries or otherwise [redacted]

VISION

	Without Glasses	With Glasses
Right Eye	20/ [redacted]	20/
Left Eye	20/ [redacted]	20/

HEARING

Right Ear [redacted]

Left Ear [redacted]

HERNIA

Has employee a hernia? [redacted]

Tendency toward hernia [redacted]

Condition of Inguinal Rings [redacted]

Condition of Abdominal Wall [redacted]

Nose [redacted]

Throat [redacted]

Teeth [redacted]

Pulse [redacted]

Heart Size [redacted] Rhythm [redacted]

Murmurs [redacted]

Lungs [redacted]

Abdomen [redacted]

Genito-Urinary System [redacted]

Spine [redacted]

Veins [redacted]

Joints [redacted]

Extremities [redacted]

Skin [redacted]

Nervous System [redacted]

Blood Pressure [redacted]

Other Abnormal Findings [redacted]

Vaccination: [redacted] Epilepsy: [redacted] Venereal Disease: [redacted]

Urinalysis: Reaction [redacted] Specific Gravity [redacted] Albumin [redacted] Sugar [redacted]

REMARKS: [redacted]

Physical Grade,
A ___ B ___ C ___ D ___
Best ultimate grade A

Defects determining grading: [redacted]

Defects correctable by: [redacted]

Signed in presence of Medical Examiner

Employee

Signed Wm. H. Lawson MD
Examiner

Graphic Business Forms—

CONFIDENTIAL INFORMATION REDACTED

Form 12

CYWI 4-001373
N14539.02