CYWI 4-001374

N14530

Personnel ENVELO-FILE ®

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

ADDRESS _____ NO. STREET CITY STATE

ADDRESS _____ NO. STREET CITY STATE

IN EMERGENCY NOTIFY _____

ADDRESS _____ NO. STREET CITY STATE

RELATIVES OR FRIENDS WORKING FOR COMPANY _____ NAME

_____ NAME

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

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 ____	
MARRIAGE ____	LACK OF WORK ____	
MOVING ____	MISCONDUCT ____	
RELOCATION ____	TRADE DISPUTE ____	
OTHER ____	RETIREMENT ____	
UNKNOWN ____	DEATH ____	
RECOMMENDED FOR REEMPLOYMENT?	OTHER ____	
YES ____ NO ____		

CYWI 4-001375

WEINZIMMER CLINIC

1211 South Cicero Avenue

PHYSICAL EXAMINATION

Company Mac Gregor Load Date 2-10-69

Applicant	Present Employee	Re-employment
✓		

Examination	Re-examination
✓	

Name Adolph Davis Nature of Work Gen Lab

Address 811 S. Kedvale Sex M Race N

Height 66½" Weight 133 Age 19 Marital Status S

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]

Murmur [redacted]

Lungs [redacted]

Abdomen [redacted]

Vaccination: [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]

Epilepsy: [redacted] Venereal Disease: [redacted]

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

REMARKS:

Physical Grade

A ___ B ✓ C ___ D ___

Best ultimate grade [redacted]

Defects determining grading: [redacted]

Defects correctable by: [redacted]

Signed in presence of Medical Examiner

Employee

Signed [redacted] MD

Examiner

Graphic Business Forms— Form 18

CONFIDENTIAL INFORMATION REDACTED

CYWI 4-001376

N14538.01