

BOX NO. 1

FOLDER NO. 30

PII

Sirhan Sirhan employment application, Burroughs Corporation

RFK Assassination 2017_0108

1831

6-156
5-13 31
115

Enclosures

Los Angeles (56-156)

Bureau (62-587)



Burroughs Corporation



30

2nd
Poor work record
9:15

CORPORATE UNIT
AND LOCATION:

PLEASE PRINT • USE ADDITIONAL SHEETS
IF NECESSARY • SIGN AND DATE

EMPLOYMENT APPLICATION

"Burroughs policy is to seek employees of the highest quality and to select these employees on the basis of ability, experience, training, intelligence, character, and physical fitness without regard to race, religious creed, color, sex, national origin, ancestry, or age."

NAME (FILE FOLDER)

LAST NAME SIRHAN	FIRST NAME SIRHAN	MIDDLE NAME -	MAIDEN NAME, IF MARRIED *	
PRESENT ADDRESS 696E HOWARD ST	STREET	CITY PASADENA	STATE CALIF	ZIP CODE 91104
TELEPHONE 7982136	YEARS IN RESIDENCE 5			
PREVIOUS ADDRESS 1647 N. LAKE AVE	STREET	CITY PASADENA	STATE CALIF	ZIP CODE 91104
TELEPHONE 7982136	YEARS IN RESIDENCE 4			
PERMANENT ADDRESS 696E HOWARD ST	STREET	CITY PASADENA	STATE CALIF	ZIP CODE 91104
TELEPHONE 7982136	YEARS IN RESIDENCE 5			
POSITION OR TYPE OF WORK DESIRED Assembler Trainee	SALARY DESIRED		REFERRED TO BURROUGHS BY	ADVERTISEMENT EMPLOYMENT AGENCY
			<input checked="" type="checkbox"/> EMPLOYEE	RELATIVE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER

GENERAL INFORMATION

SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH 3-19-44	SEX M	HEIGHT 5'4	WEIGHT 115	U. S. CITIZEN? No	MARITAL STATUS Single	MEANS OF TRANSPORTATION IF EMPLOYED CAR
DEPENDENTS	HUSBAND <input type="checkbox"/>	CHILDREN UNDER 19 <input type="checkbox"/>	DO YOU OWN HOME <input type="checkbox"/>	RENT LIVE WITH PARENTS <input type="checkbox"/>	ARE YOU FREE TO TRAVEL IF REQUIRED <input type="checkbox"/>	YES NO <input checked="" type="checkbox"/>	ABLE TO WORK ANY SHIFT <input type="checkbox"/>
NAME RELATIVES OR FRIENDS EMPLOYED BY BURROUGHS None						HAVE YOU ANY RELATIVES WITH OTHER FIRMS IN THE OFFICE EQUIPMENT INDUSTRY <input type="checkbox"/>	
DESCRIBE ANY PHYSICAL HANDICAP, SERIOUS INJURY OR CHRONIC ILLNESS None						ARE YOU RIGHTHANDED LEFTHANDED <input checked="" type="checkbox"/>	
HAVE YOU RECEIVED WORKMEN'S COMPENSATION FOR ANY INJURY SUSTAINED IN THE COURSE OF EMPLOYMENT?				YES NO <input checked="" type="checkbox"/>			
DESCRIBE NATURE OF INJURY Puncture left eyelid, Back				DATE, PLACE AND DISPOSITION 9/66			
HAVE YOU EVER BEEN AR- RESTED (EXCLUDE MINOR TRAFFIC VIOLATIONS)	YES NO <input checked="" type="checkbox"/>	IF YES, FOR WHAT OFFENSE		DATE, PLACE AND DISPOSITION			
HAVE YOU EVER APPLIED TO BURROUGHS BEFORE?	YES NO <input checked="" type="checkbox"/>	IF YES, WHERE		HAVE YOU EVER BEEN EMPLOYED BY BURROUGHS?			
HAVE YOU EVER BEEN GRANTED A SECURITY CLEARANCE?	YES NO <input checked="" type="checkbox"/>	IF YES, TYPE - DATE GRANTED - GRANTOR		HAVE YOU EVER HAD A SECURITY CLEARANCE OR FIDELITY BOND DENIED, SUSPENDED OR REVOKED?			
PERSON TO NOTIFY IN CASE OF EMERGENCY	NAME MARY SIRHAN			ADDRESS 696 E HOWARD ST PASA.		TELEPHONE 7982136	

EDUCATION

HIGH SCHOOL	NAME AND LOCATION	FROM MO. / YR.	TO MO. / YR.	GRADUATED MO. / YR.	YEARS COM- PLETED	GRADES YOUR AVERAGE	PERFECT SCORE
	John Muir General	9/60	6/63	6/63	3	B	
COLLEGE	NAME AND LOCATION	FROM MO. / YR.	TO MO. / YR.	GRADUATED MO. / YR.	YEARS COM- PLETED	GRADES YOUR AVERAGE	PERFECT SCORE
	PASADENA CITY COLLEGE Political Science	9/63	6/65	6/65	50 units		
OTHER	LIST COMPLETED APPRENTICESHIP PROGRAMS AND SPECIAL TRAINING, INCLUDING TECHNICAL AND SERVICE SCHOOLS						

U. S. MILITARY SERVICE

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED	RANK AT SEPARATION	TYPE OF DISCHARGE	PRESENT DRAFT STATUS *
					4-C
DESCRIBE DUTIES WHILE IN MILITARY SERVICE					

11/64 to Present - Has not worked.

WORK EXPERIENCE

List in order starting with most recent employment. Account for time, whether employed or not, since leaving high school. Recent graduates should show employment during summer vacation periods and while attending school. Use additional sheets if necessary.

NAME OF COMPANY <i>Granja Vista del Rio</i>		ADDRESS <i>Box 159 B, Corona, Calif</i>	TELEPHONE
DATE STOPPED <i>11/64</i>	WEEKLY SALARY	STARTING POSITION AND DUTIES <i>exercised race horses</i>	
DATE STARTED <i>Nov-1965</i>	WEEKLY SALARY <i>100.00</i>		
REASON FOR LEAVING		LAST POSITION AND DUTIES	
NAME OF LAST SUPERVISOR			
NAME OF COMPANY		ADDRESS	TELEPHONE
DATE STOPPED	WEEKLY SALARY	STARTING POSITION AND DUTIES	
DATE STARTED	WEEKLY SALARY		
REASON FOR LEAVING		LAST POSITION AND DUTIES	
NAME OF LAST SUPERVISOR			
NAME OF COMPANY		ADDRESS	TELEPHONE
DATE STOPPED	WEEKLY SALARY	STARTING POSITION AND DUTIES	
DATE STARTED	WEEKLY SALARY		
REASON FOR LEAVING		LAST POSITION AND DUTIES	
NAME OF LAST SUPERVISOR			
NAME OF COMPANY		ADDRESS	TELEPHONE
DATE STOPPED	WEEKLY SALARY	STARTING POSITION AND DUTIES	
DATE STARTED	WEEKLY SALARY		
REASON FOR LEAVING		LAST POSITION AND DUTIES	
NAME OF LAST SUPERVISOR			

REFERENCES

List three references other than employers and relatives who have known you for more than one year.

NAME	ADDRESS	OCCUPATION OR BUSINESS	YRS. KNOWN

DECLARATION & CERTIFICATION

I DECLARE THAT I am not now, nor have I ever been connected in any manner with any group or organization which believes in or advocates the overthrow of the United States Government by force, or by any illegal or unconstitutional means. • I do not have any reason to believe that any member of my immediate family or any other person residing with me is now, or ever has been, connected in any manner with any group or organization which believes in or advocates the overthrow of the United States Government by force, or by any illegal or unconstitutional means. • I have never been arrested (other than for a minor traffic violation) or charged with or convicted of a felony except as explained hereon. • I CERTIFY THAT the information on this application is accurate and complete and subject to verification by Burroughs Corporation. I understand that any misrepresentation or omission of facts or circumstances that would be detrimental to this application is sufficient cause for dismissal. • I understand that employment is contingent upon my passing a physical examination, and that all new employees are on a 90-day probation period.

SIGNATURE OF APPLICANT

Duban Duban

DATE

Nov 7-67

