

INTERSTATE CLAIM SUPPLEMENT

Name (Print) LEE H. OSWALD Age 23 Liable State TEXAS
 Soc. Sec. Account No. 433-54-3987

1. Do you have definite prospects of work with:
 a. Your Last Employer? *Yes No
 b. With another employer? *Yes No

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

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 Local Union number, name of Union and city.

Creel Exhibit No. 5

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

PHOTOGRAPHER, GIGARAK 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? 200 MILES

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

6. Do you usually live here? *Yes *No

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

b. How long will you stay? 1 yr

c. Why did you decide to come here? _____

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

* If 'Yes', give date last worked here and employer's name.

JULY 19th AT. WM D. BRILEY CO. NEW ORLEANS

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).

- 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.

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

9. Are you claiming, receiving, or have you applied for:

- a. Sick or disability benefits? *Yes No

- 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.

Date July 21 Write Your Name Here X Lee H. Oswald

CLAIMANT - DO NOT WRITE BELOW THIS LINE

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

A
 Reason or IB-9 Code

CREEL EXHIBIT No. 5

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 demand. 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

B. Hunley

Local Office Representative