

Employment Record

Present or Last Position	Date	Name of Company	Address	Name of Superior	Kind of Business	Your Position	Salary	Reason for Leaving
	From To	FIDUCIARY-CHAS - 27201	DALLAS - 522 BROWER ST.	JAN GAJONES	TYPOGRAPHY	PHOTOGRAPHER	1.35	17MO OF REG. NIT BE CUT IN NGST SHIT
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Name Duty MURRETT Address 757 French St Phone No. HU 8432
 Name W.S. OSWALD Address 136 Elmwood m ETRICE Phone No. ?

(Please use ink)

Last	First	Middle	Home Phone <u>HU 84326</u>	Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	No. of Children / Age <u>1 girl</u>	Height <u>5'9"</u>	Color of Eyes <u>GRAY</u>
Name <u>OSWALD LEE HARVEY</u>			Office Phone	Nationality <u>AMERICAN</u>	Color of Hair <u>BR.</u>	Religion <u>PROT.</u>	
Address <u>757 FRENCH ST.</u>			Date of Birth <u>APR 19 1923</u>	Age <u>23</u>	Education <u>NO</u>	Social Security No. <u>493-54-3937</u>	Salary? <u>1.35</u>
Previous Address	EDUCATION		Position Desired <u>TELETYPE TRAINER</u>	Yr. Graduated	Major	Military Service	Do not write in this space
High School <u>ARLINGTON HEIGHTS S.H.S.</u>			1959	Gen.	3 Yrs. - USMC		A-V
Business School					How long in New Orleans <u>CONTIN.</u>		P-V
College or University					Referred by <u>Ad.</u>		B-

Length of Experience in or on following:

Advertising	Claim Adj.	Accounting	Bookkeeping	Type Speed	Teletype	Files	Technician	Med. Detailist	Shipping Clk.	Other
Automobile	Investment	CPA	Publ. Clk.	Speed <u>25</u>	Dictaphone	Adding Mch.	Kind	Engineers	Receiving Clk.	PHOTOGRAPHER
Banking	Lumber	Senior	Asst.	Etc.	Ediphone	Calculator	Chemist	Kind	Warehouseman	CLERK
Credit Collections	Machinery	Junior	A/c Rec.	Shorthand	Other Dict. Mch.	Kind	Pharmacist	Architect	Mechanic	
Credit Mgr.	Med. Tech.	Cost	A/c Pay.	Speed	Billing Mch.	Comptometer	Sales	Drafting	Helper	
Finance	Oil	Tax	Bkpg. Mch.	Typewriter	Kind	Office Mgr.	Kind	Construction	Kind	
Insurance	Oil Well Sup.	Payroll	Kind	Statistical	Mimeograph	Comptroller	Sales Mgr.	Electrician	Guards	
Kind	PBX	Cashier	Post. Mch.	Tab. Mch.	Multigraph	Personnel	Sales Eng.	Plumbing	Welders	
Rate Clerk	Tel. Bol.	Typewriter	Kind	Key Punch	Addressograph	Purchasing	Trainee	Truck Drivers	Route Sales	

Method Understanding is the Foundation of Pleasant Business Relations. This is your Agreement with us - Read it Carefully Before You Sign It
AGREEMENT

- This agreement entered into this date between A-1 EMPLOYMENT SERVICE hereinafter referred to as the agency and hereinafter referred to as applicant, in which the applicant agrees to pay and the agency agrees to receive in full payment for each employment procured a fee based on the following schedule, for permanent employment:
 Up to \$149.99—30%; \$150.00 thru \$249.99—35%; \$250.00 thru \$349.99—40%; \$350.00 up 45% of applicant's first full month's wages received in cash from any salary, drawing account or commission. Where applicant is paid at a weekly rate, a month's wages shall be computed at 4 and 5 times the weekly rate, as authorized by the Commissioner of Labor.
- For temporary employment 10% of applicant's wages received in cash from any salary, drawing account, or commission.
- It is agreed by the parties hereto that permanent employment is procured employment lasting three or more consecutive and continuous calendar months, and that temporary employment is procured employment terminated in less than three calendar months by the employer.
- It is further agreed that applicant shall at all times have the right to refuse any employment tendered without being required to give reasons for such refusal; and the Service charge of the agency is earned when applicant accepts employment and is payable as salary is received.
- If the charge made herein is for permanent employment which in fact becomes temporary, then applicant shall be entitled to a refund of the unearned differences of the service charge. If a temporary placement becomes permanent a full permanent fee shall be due.
- Should applicant accept a position involving a training period then the agency shall have the right at its option to determine a month's wages received by taking an average of the first three months wages received as a basis for the fee due the agency. When this is done, applicant agrees to pay the agency 10% of all earnings received for the first three months, at the end of which period the final fee will be computed and any balance due paid.
- Should applicant voluntarily leave a position that applicant has accepted, applicant agrees to pay the whole fee agreed upon, except that in no case will the fee amount to more than 45% of the total wage that applicant has received.
- Should applicant accept a position through the agency, applicant agrees that such offer shall constitute a bona fide order to the agency authorizing referral and that acceptance of such offer from the present employer shall be considered as a placement for which applicant agrees to pay a fee in accordance with the schedule shown herein for permanent work.
- The agency agrees that it will not under any interpretation of this contract make more than one service charge for any one referral.
- It is agreed that acceptance of an introduction card by the applicant from the agency takes precedence over any previous application the applicant may have filed with an employer to which the introduction card is addressed.
- Should applicant fail to pay the service charge as heretofore agreed, applicant may by mutual agreement with the employer, authorize the employer with whom placed by the agency to deduct from any salary, drawing account or commissions the amount due the agency and to pay same to the agency.
- Applicant hereby stipulates and agrees to a penalty of fifteen (15%) per cent of attorney's fee, on the earned charges and remuneration due the agency should it become necessary for the agency to obtain counsel or collection service, or resort to court action to collect same.
- Applicant hereby permits investigation of business and personal references as given on registration card, and any information secured by such investigation shall be held confidential between the agency and the prospective employer.
- It is agreed and understood that transportation to and from interviews will be borne by the job applicant.
- Should applicant fail to pay the service charge as heretofore agreed, applicant may by mutual agreement with the employer, authorize the employer with whom placed by the agency to deduct from any salary, drawing account or commissions the amount due the agency and to pay same to the agency.
- I have read the above agreement, and I fully understand and will abide by its contents

W. K. Oswald
 (Signature of applicant)

W. K. Oswald 19 *63*
 (Date)
 A-1 EMPLOYMENT SERVICE, 1406 National Bank of Commerce Bldg.

COMMISSION DUE AND PAYABLE DURING 1st MONTH OF EMPLOYMENT

Have you been Bonded? <i>NO</i>	Do you have a checking or saving a/c? <i>NO</i>	What Bank? <i>NO</i>	Do you own a car? Make? <i>NO</i>	Can you buy one? Model
Do you live with Parents? Rent? <i>YES</i> Own Home? <i>(RELATIVE)</i>	Name, Address Phone No. of Parents		Occupation of Mother <i>ACTRESS</i>	
Does your Husband (Wife) work? <i>NO</i>	Occupation of Husband (Wife)		Name of Company	
Social Activities Clubs			Hobbies	
Physical Handicaps <i>NON</i>			Date of last Physical Examination <i>1962</i>	

Do not write below this line. Referred to:

1	<i>Mr. Freden Photo</i>	7
2		8
3		9
4		10
5		11
6		12

Commission Exhibit No. 1951, p. 2

FORM 104-E (Rev. Aug. 1962)
 U.S. GOVERNMENT PRINTING OFFICE: 1962

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name: MARGUERITE O'NEWALD Social Security No. 135-22-5686
 Print home address: 126 EXCHANGE ST. NEW ORLEANS, LA 70112

EMPLOYEE:
 Fill this form with your employer. Do not write on, and do not detach, the top portion of this certificate. It is to be retained by your employer. Do not detach the bottom portion of this certificate. It is to be retained by you.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" 1
2. If MARRIED, use exemption each for husband and wife. If not claimed on another certificate:
 - (a) If you claim both of these exemptions, write the figure "2" 2
 - (b) If you claim one of these exemptions, write the figure "1" 1
 - (c) If you claim neither of these exemptions, write "0" 0
3. Exemption for age and blindness (Applicable only to you and your wife but not to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1". If both will be 65 or older, and you claim both of these exemptions, write the figure "2". If both are blind, and you claim both of these exemptions, write the figure "3". 1
 - (b) If you or your wife are blind, and you claim this exemption, write the figure "1". If both are blind, and you claim both of these exemptions, write the figure "2". 2
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) 1

5. Add the number of exemptions which you have claimed above and write the total. 3

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Feb 5, 1963 (Signed) Marguerite O'Newald

Commission Exhibit No. 1951, p.3

FORM 104-E (Rev. Aug. 1962)
 U.S. GOVERNMENT PRINTING OFFICE: 1962

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name: LEE HARVEY OSWALD Social Security No. 433-54-3937
 Print home address: 126 EXCHANGE ST. NEW ORLEANS, LA 70112

EMPLOYEE:
 Fill this form with your employer. Do not write on, and do not detach, the top portion of this certificate. It is to be retained by your employer. Do not detach the bottom portion of this certificate. It is to be retained by you.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" 1
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 - (b) If you claim one of these exemptions, write the figure "1" 1
 - (c) If you claim neither of these exemptions, write "0" 0
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 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1". If both will be 65 or older, and you claim both of these exemptions, write the figure "2". If both are blind, and you claim both of these exemptions, write the figure "3". 1
 - (b) If you or your wife are blind, and you claim this exemption, write the figure "1". If both are blind, and you claim both of these exemptions, write the figure "2". 2
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) 1

5. Add the number of exemptions which you have claimed above and write the total. 3

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Feb 5, 1963 (Signed) Lee Harvey Oswald

62-109066-2172 AX

COMMISSION EXHIBIT No. 1951-Continued

Commission Exhibit No. 1951, p.4

A-1 Employment Service
 1429 NATIONAL BANK OF COMMERCE BLDG.
 524-6261, NEW ORLEANS 13, LOUISIANA

May 6, 1963.

Employment of Mr. Lee H. Oswald.
 To Mr. Kainhaus
Pilican Printing Photographs
719 Pique St.

Please indicate on whether or not applicant is acceptable for position listed or one other for which he may qualify.

L. H. D.
 Applicant's Signature J. Lafocque
 Consultant

13/3/63

COMMISSION EXHIBIT No. 1951-Continued