

Blank Warner

JOB PREFERENCE FORM

Note: The questions within this Job Preference Form should be clarified to the applicant before he or she answers said questions. Also, he or she should know that he or she need not answer any question or questions which he or she does not wish to. These Job Preference Forms are not open to inspection by anyone outside the Council of Federated Organization's staff members.

- 1. What is your full name? Charlette Griffin
- 2. What is your address? Roller 2 Box 94 Post Office, Miss
- 3. How old are you? 18 Birth date? 2/19/46
- 4. Are you married? No Wife's name? _____
- 5. Do you have any children? No
- 6. What are the names of your children and their birth dates?

- 7. How many of these children are dependent on you for their source of income? _____
- 8. Do you have any other dependents? No
- 9. What is your present yearly income before taxes? _____
- 10. What is your present occupation, if any? Public Work
- 11. How long have you had this job? 1 Week
- 12. List the last two (2) jobs you held previous to your present job (if any); how long you worked there, and why you quit or were fired.

Job	Date started-Date ended	Reason quit/fired
_____	_____	_____
_____	_____	_____

- 13. Do you think that you have been discriminated against in your present and/or previous job? No
- 14. If the answer to the last question was yes, would you be willing to fill out a written complaint telling specifically about this discrimination and other important details? _____
- 15. Do you enjoy your present job? Yes
- 16. Would you enjoy your present job if there were no discrimination? Yes
- 17. What type of work would you like most to do? Postmaster
- 18. Name several other jobs that you might enjoy, or other skills that you think would be valuable to you. Missouri
Wilder Bank Teller, Post Office
- 19. Have you had any previous job training? If so, what? No

20. Would you like training in these areas if a job in connection with these areas could be attained after such training? (Training includes \$5/day subsistence pay for fifty-two (52) weeks and a traveling allowance to and from the training center of ten cents/mile maximum).

21. Do you know any other persons who might be interested in such a training program? If so, give names and present home addresses to the best of your knowledge.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signed Charlotte Miller Date 7/20/64 Witness _____

Thank you. We will send a representative to see you again soon to let you know about our plans for a job training program. We will try to set up a program that will suit each applicant's needs to the best of our ability and within the provisions of the federally-supported training programs.

Stephen L. Smith
Dept. of Labor
Fed. Programs Research
Jackson Council of Federated
Organizations

Suggested Jobs

- | | | |
|----------------|----------------------|-----------------------|
| machinest | tool and die maker | tractor driver |
| routeman | bus driver | assembly line |
| painter | dispensing opticians | gas station attendant |
| jeweler | welders | laboratory technician |
| electrician | carpenter | sheet-metal worker |
| clerk | mechanic | baker |
| bank teller | radio operator | salesman |
| lineman | dairy farmer | peanut farming |
| wheat farmer | cattle raising | post office |
| corn growing | soil scientist | poultry farming |
| printing | forester | home decoration |
| commercial art | home economist | surveying |
| draftsman | dental technician | dietician |