

INTERSTATE CLAIM SUPPLEMENT

Name (Print) LEE H. OSWALD Label State TEXAS
Age 23 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
- 2. Do you expect to get work through a Union? *Yes No
- a. If 'Yes', are you registered with the Local of your Union here? Yes No

* If 'Yes' give date you will start to work and employer's name _____
 If 'Yes', give Local Union number, name of Union and city. _____

3. Name the occupations in which you have had experience. (List the kind of work you usually do first)
PHOTOGRAPHER, CIGAR 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? 2 MILES b. How will you travel to and from work? PUBLIC TRANS.
- 5. Do you usually live here? Yes *No * If 'No', a. When did you get here? _____ b. How long will you stay? 1c c. Why did you decide to come here? _____

6. Have you ever been employed in this area? *Yes No * If 'Yes', give date you last worked here and employer's name. JULY 1945 AT WM B. REILLY CO.

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). NEW ORLEANS

- 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. _____

- 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
 A Reason or IB-9 Code 2
 DIVISION OF EMPLOYMENT SECURITY
 630 CAMP STREET
 NEW ORLEANS 12, LOUISIANA

CLAIMANT—DO NOT WRITE ON THIS SIDE

D-104

11. FACT FINDING REPORT (Use in lieu of IR-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

HUNLEY EXHIBIT No. 6—Continued