LOS ANGELES OFFICE
2550 W. Olympic Blvd.
Los Angeles, Calif. 90006
Telephone: 381-2261
LONG BEACH OFFICE
Ferguson Trust Building
120 E. Ocean Blvd.
Long Beach, Calif. 90802
Telephone: 437-0851
VALLEY OFFICE
8155 Van Nuys Blvd.
Panorama City, Calif. 91402
Telephone: 787-1850
WEST COVINA OFFICE
1502 W. Service Ave.
West Covina, Calif. 90790
Telephone: 962-8681
INGLEWOOD OFFICE
8443 S. Crenshaw Blvd.
Inglewood, Calif. 90305
Telephone: 750-0330

County of Los Angeles

DEPARTMENT OF ADOPTIONS

WALTER A. HEATH
Director
ELIZABETH I. LYNCH
Chief Deputy Director

Reply to 2550 West Olympic Boulevard
Los Angeles, California 9000

EMPLOYMENT VERIFICATION FORM

Date October 29, 1970

Mr. and Mrs. Bruce (Harriet) Handwerker are being considered by this agency as possible adoptive parents of a child. We shall appreciate it if you will complete this form and give us the benefit of any additional observations you may have made of the applicant in his or her work life.

LOS ANGELES COUNTY DEPARTMENT OF ADOPTIONS

By _____
(Mrs.) Margaret Dyer
Adoption Worker

Name of Employee Bruce Handwerker Social Security No. _____

Position Title (last) Training Instructor

Date Employed 10-3-64 thru 11-28-69 Continuous Service? Yes x No _____

Employment: Full Time x Part Time _____ Seasonal Basis _____

Salary $ 10,369 Per Week _____ Per Month _____ Per Season _____ Per Year _____

Possibility of Advancement Good, but Mr Handwerker chose to resign for other employme

Attitude Towards Work Excellent

Ability to get along with fellow workers Very good.

IF EMPLOYMENT HAS TERMINATED, PLEASE FILL OUT THE ABOVE AND ADD:

Date of termination Resigned 11-28-69

Reason To accept private employment.

Re-employment Possibilities Dependson annual budgets voted by Congress. If

Remarks: Former Agency was hiring, Mr Handwerker would b an excellent candidate.

Dated this 23 day of December, 1970. (Signed) _____
Employer's Representative

Coordinator, VTC, Foreign Service
Title

Institute, Dept. of State, Washington DC
Firm Name

COUNTY OF LOS ANGELES
DEPARTMENT OF ADOPTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

This is your authority to give to the COUNTY OF LOS ANGELES DEPARTMENT OF ADOPTIONS any information in your files concerning the undersigned, including both medical and social history, and the result of any tests or examinations which have been given.

If the information requested concerns a child, the undersigned hereby authorize release of such information.

The information is necessary in a study being made by the COUNTY OF LOS ANGELES DEPARTMENT OF ADOPTIONS of a proposed adoption.

Harriet B. Fairbanks
Signature

Bruce J. Hawthorne
Signature

Name of Child _____

Birthdate _____

_____
Relationship to above child

Date _____

TO ANY PHYSICIAN, HOSPITAL, OR CLINIC:
SOCIAL AGENCY