



# The Glenn L. Martin Maryland Aviation Museum

## MARTIN COMPANY EMPLOYEE INFORMATION

Please assist us in preserving employment history of the Glenn L. Martin companies by sharing your story. Mail this completed form to the address below or click "SUBMIT" to send it to martinmuseum@gmail.com. Information will be stored in our archives for future generations.

**EMPLOYEE'S LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **INITIAL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**YEARS OF EMPLOYMENT:** \_\_\_\_\_

**COMPANY:** Glenn L. Martin Company \_\_\_\_\_, Martin Marietta \_\_\_\_\_, Lockheed Martin \_\_\_\_\_, Other \_\_\_\_\_

**PLACE OF EMPLOYMENT:** City: \_\_\_\_\_ State: \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**JOB DESCRIPTION** (What you did): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAY:** Circle: Full-time or Part-time? **WEEKLY WAGE:** \$ \_\_\_\_\_ and/or **HOURLY RATE:** \$: \_\_\_\_\_

**ADDRESS** (at time of employment): \_\_\_\_\_

If not originally from Baltimore, where were you born? \_\_\_\_\_

**CO-WORKERS:** Who were some of your co-workers?  
\_\_\_\_\_  
\_\_\_\_\_

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### CONTACT INFORMATION - NAME OF PERSON COMPLETING THIS FORM:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_