

PERSONNEL RECORD

(Form to be completed by employee)

DATE
NAME OF FACILITY
FACILITY ADDRESS
FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)			TELEPHONE
ADDRESS			ARE YOU 18 YEARS OR OLDER IF NO, STATE YOUR AGE
SOCIAL SECURITY NUMBER (VOLUNATARY FOR ID ONLY)	DATE OF LAST PHYSICAL EXAM	DATE OF LAST TB TEST	
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?		IF YES, LIST ALL NAMES USED	
DO YOU POSSESS A VALID CALIFORNIA DRIVERS LICENSE CDL NUMBER:		HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, PLEASE EXPLAIN ON BACK OF FORM.	
NEAREST LIVING RELATIVE	TELEPHONE NUMBER	RELATIONSHIP	
ADDRESS			

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATE	
				FROM	TO

4. EDUCATION

HIGHEST YEAR COMPLETED	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? IF YES, GIVE EXPECTED COMPLETION DATE
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EMPLOYMENT – RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTL ENROLLED

4. EDUCATION (Continued)

NAME UNIVERSITY, COLLEGE, OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. YEARS COMPLETED	NO. UNITS COMPLETED	DIPLOMA, DEGREE, OR CERTIFICATE	DATE COMPLETED

5. REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

NOTES:

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

SIGNATURE OF EMPLOYEE

DATE