

# 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 OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE _____
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) - -	DATE OF LAST PHYSICAL EXAMINATION _____ DATE OF LAST TB TEST _____

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?  YES  NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER _____	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE — NAME:	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	DATES	
				FROM	TO

## 4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA <input type="checkbox"/>	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES 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	CURRENTLY ENROLLED

**4. EDUCATION (Continued)**

NAME UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF 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:

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*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