

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 YES 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? YES		IF YES, LIST ALL NAMES USED	
DO YOU POSSESS A VALID CALIFORNIA DRIVERS LICENSE CDL NUMBER: YES		HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES IF YES, PLEASE EXPLAIN ON BACK OF FROM.	
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	DATES	
				FROM	TO

4. EDUCATION

HIGHEST YEAR COMPLETED 1	DIPLOMA YES	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? 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