

# PERSONNEL RECORD

(Form to be completed by employee)

**DATE**

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NAME OF FACILITY

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FACILITY ADDRESS

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FACILITY FILE NUMBER

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EMAIL ADDRESS :

## 1. PERSONAL

NAME (LAST FIRST MIDDLE) TELEPHONE  
( )

ADDRESS ARE YOU 18 YEARS OF AGE OR OLDER?  
 YES  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?  YES  NO HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  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

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?  
 NO  YES IF YES, GIVE EXPECTED COMPLETION DATE \_\_\_\_\_

### EMPLOYMENT — RELATED EDUCATION COURSES

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

