

EMPLOYEE RECORD

NAME: _____ SOCIAL SECURITY: _____	
STREET: _____	
CITY/TOWN: _____	STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____	DATE OF BIRTH: _____
EMERGENCY CONTACT:	
Name: _____	Telephone Number: _____
Street: _____	
City/Town: _____	State: _____ Zip: _____
PLACE OF LAST EMPLOYMENT:	
Employer Name: _____	
Street: _____	City: _____ State: _____ Zip: _____
Dates Employed: (From) _____ (To) _____	Position Held: _____
PREVIOUS WORK EXPERIENCE:	

PREVIOUS EDUCATION AND TRAINING:	

EMPLOYMENT DATE: _____	POSITION/TITLE: _____
TERMINATION DATE: _____	REASON: _____

ADDITIONAL REQUIREMENTS:

- FOR EMPLOYEES HIRED AFTER NOVEMBER 9, 1975, TWO WRITTEN REFERENCES OR NOTATIONS OF VERBAL REFERENCES.
- FOR EMPLOYEES HIRED AFTER JULY 1, 1992, AN ORIGINAL *CRIMINAL RECORD REPORT* AND A *SWORN DISCLOSURE STATEMENT*.
- FOR ALL EMPLOYEES, REQUIRED HEALTH REPORTS.
- FOR ALL EMPLOYEES, DOCUMENTATION OF FORMAL TRAINING AND EDUCATION RECEIVED FOLLOWING EMPLOYMENT.