

PERSONNEL RECORD

(Form to be completed by employee)

DATE

NAME OF FACILITY

FACILITY ADDRESS

FACILITY FILE NUMBER

1. PERSONAL

NAME (LASTFIRSTMIDDLE)

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

DIPLOMA

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?

6 7 8 9 10 11 12

☐ 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

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:

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