

**PERSONNEL RECORD**  
(Form to be completed by employee)

|                      |
|----------------------|
| DATE                 |
| NAME OF FACILITY     |
| FACILITY ADDRESS     |
| FACILITY FILE NUMBER |

**1. PERSONAL**

|   |  |
|---|--|
| NAME (LAST FIRST MIDDLE)                        | TELEPHONE<br>( )   |
| ADDRESS   | ARE YOU 18 YEARS OF AGE OR OLDER?<br><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   |
| ADDRESS  | RELATIONSHIP   |

**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<br>6 7 8 9 10 11 12 | DIPLOMA | CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?<br><input type="checkbox"/> NO <input type="checkbox"/> 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:

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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 |
|-----------------------|------|