PERSONNEL RECORD					DATE	DATE NAME OF FACILITY						
(Form to be completed by employee)				NAME								
						FACIL	ITY ADDRESS					
						5401	ITY FILE NUMBER					
						FACIL						
			PER	SONA	L		TELEPHONE					
NAME (LAST FIRST		MIDDLE)										
ADDRESS									OR OLDER		OUR AGE	
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID O	SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) DATE OF LAST PHYSICAL EXAMINATION						DATE OF LAST TB TEST					
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFER	ENT NAME?		PLEASE	LIST ALL	NAMES USED.							
				LIGTTLE								
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LIC	CENSE? Y	es 🗌 no		HAS YO	UR DRIVER'S LICENSE	EVER BE	EN SUSPENDED C	R REVOKEI	D? 🗌 YE	5 🗌 M	10	
CDL NUMBER NEAREST LIVING RELATIVE - NAME:				IF YES,	PLEASE EXPLAIN ON B		OF FORM. RELATIONSHIP					
ADDRESS												
ADDRESS												
TITLE		2.	POS	SITION SALARY			HOURS		DAT	E OF EM	PLOYMENT	
NAME OF SUPERVISOR												
3. PREVIOUS EMPLOYME	NT (List m	nost recent experien	ce firs	st. If a	dditional space	is nee	ded, please	attach a	a separa	te pag	ge.)	
NAME AND ADDRESS OF EM	NAME AND ADDRESS OF EMPLOYER TELEPHONE JOB TITLE AND				REASON FOR			DATES FROM TO				
		NUMBER			PE OF WORK		LEAV	ING			то	
			_									
							_					
		4.	EDU		N							
CIRCLE HIGHEST YEAR COMPLETED	DI		-		ROLLED IN HIGH SCH	OOL CO	MPLETION COUF	ISE?				
6 7 8 9 10 11 12			□ no		ES IF YES, GIVE EXF	PECTED	COMPLETION DA	TE				
EMPLOYMENT - RELATED EDU							UMBER					
COURSE TITLE	N/	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS				UNITS MPLETED	DATE COMPLETED					

(OVER)

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.

DATE

SIGNATURE OF EMPLOYEE