PERSONNEL RECORD

(FORM TO BE COMPLETED BY EMPLOYEE)

DATE
NAME OF FACILITY
FAIR OAKS ESTATES
FACILITY ADDRESS
8845 FAIR OAKS BLVD, CARMICHAEL, CA 95608
FACILITY FILE NUMBER
342700333

					_					3127003				
	1. PERSONAL													
NAME(LAST)	FIF	RST MIDDLE					TELEPHONE							
									()				
ADDRESS							AR	E YOU 18 YEARS OF AGE	E OR OLDE	ER?				
								YES NO	IF NO, PI	LEASE STA	TE YOUR AGE			
SOCIAL SECURITY NUMBER (VOLUNTARY FOR ID ONLY) DATE OF LAST PHYSICAL EXAMINATION								DA	TE OF LAST TB TEST					
HAVE YOU EVER BEEN EMPLO	YED UNDER A DIFFE	ENT NAME?	YES	NO	II	F YES, PLEA	ASE LIST	ALL NAMI	ES US	SED				
DO YOU POSSESS A VALID CAI	TEODNIA DDIVEDZE I	ICENICE 9	YES NO	0		HACVOII	D DDIVE	D'C I ICENIC	TE EV	VED DEEN CHODENDED C	D DEVOV	ED9 3	YES NO	
DO TOO FOSSESS A VALID CAL	LIFORNIA DRIVER 3 L	CENSE :	TES IN	O		IIAS TOU	K DKI V L	X S LICENS	SE EVER BEEN SUSPENDED OR REVOKED? YES NO					
CDL NUMBER						IF VES PI	EASE EX	PI AIN ON	BAC	K OF FORM				
CDL NUMBER IF YES, PLEASE EXPLAIN OF NEAREST LIVING RELATIVE-NAME: TELEPHONE NU														
ADDRESS														
				2.	POS	SITION								
TITLE					Ī	SALARY				HOURS			DATE OF EMPLOYMENT	
NAME OF SUPERVISOR					-									
3. PREVIOUS EM	(PLOYMENT	(List mo	ost recent e	xnerier	ice f	irst If	additio	onal spa	ice	is needed, please	attach	a sena	rate page)	
5. THE (10 00 E)	II DO I IVIDI (I		LEPHONE	J(OB T	ITLE AN	D	REA	ASO	N FOR LEAVING	1		TES	
NAME AND ADDRES	S OF EMPOYER				YPE	PE OF WORK						FROM TO		
		\bot												
				<u> </u>										
				4 E	DU	CATION	J				•			
CIRCLE HIGHEST YEAR	R COMPLETED	DIPLOMA		·. L				LED IN H	IIGH	SCHOOL COMPLETI	ON COU	RSE?		
6 7 8 9 10 11 12]	NO	YES	IF YES, G	IVE I	EXPECTED COMPLET	TION DA	ΤЕ		
EMPLOYMENT - R	EL ATED EDIT	CATION	COLIBSES	2										
EMI LOTMENT - K	LATED EDO				GAN	IIZATION	ī			NUMBER	DA	TE	CURRENTLY	
					L OR ORGANIZATION ADDRESS					UNITS		LETED	ENROLLED	
THE										COMPLETED				
										1				

	4. EDU	JCATION (C	Continued)								
NAME UNIVERSITY, COLLEG AND ADD	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED						
THE THE PROPERTY.		5050201	00		ODICINI TO. 112	COM BBIB					
	5. REFERENCES										
List names of three persons who ca	an give information about your	background, ch	naracter, abilities	RELATIONS	HIP TO YOU						
NAME	ADDRES	S		TELEPHONE NUMBER	(FRIEND, EMPLOYER, ETC)						
A. List Licenses or Certificates of Co	6. PROFESSIONAL A	ND TECHNI	CAL QUALII	FICATIONS							
A. List Licenses of Certificates of Co	ompetence neta.										
B. Names of Professional Association	ons 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	, of porjuly must me doore state			, permission joi	DATE						