

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

1. PERSONAL

NAME(LAST)	FIRST	MIDDLE	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 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? NO YES IF YES, GIVE EXPECTED COMPLETION DATE
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EMPLOYMENT - RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

