

**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 347001356

**1. PERSONAL**

NAME(LAST)	FIRST	MIDDLE	TELEPHONE ( )
ADDRESS			ARE YOU 18 YEARS OF AGE OR OLDER? <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? <input type="checkbox"/> YES <input type="checkbox"/> 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	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? <input type="checkbox"/> NO <input type="checkbox"/> 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

