PERSONNEL RECORD (Form to be completed by employee)							NAME OF FACILITY						
							FACIL	ITY FILE NUMBER	!				
			1.	PER	SONA	L							
NAME (LAST FIRST			MIDDLE)					TELEPHONE					
ADDRESS							ARE YOU 18 YEARS OF AGE						
								☐ YES ☐	NO IF N	NO, PLEASE S	STATE YO	OUR AGE	
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) DATE OF LAST PHYSICAL EXAMINAT					N		DATE OF LAST TB TEST						
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFE	RENT NAME?	Y	YES NO IF YES	S, PLEASE	LIST ALL	NAMES USED.							
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S L	ICENSE?	YES	□ NO		HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO						10		
CDL NUMBER NEAREST LIVING RELATIVE — NAME:					IF YES, PLEASE EXPLAIN ON BACK OF TELEPHONE NUMBER						RELATIONSHIP		
				TEEL HONE NOWIBEN									
ADDRESS													
TITLE			2.	PO	SITION SALARY			HOURS		IDAT	E OF EM	PLOYMENT	
NAME OF SUPERVISOR													
3. PREVIOUS EMPLOYME	NT (Lis	t mos	st recent experie	nce fir:	st. If a	dditional space	is nee	ded. please	attach a	a separa	te pad	ge.)	
NAME AND ADDRESS OF EMPLOYER TELEPHONE					JOB TITLE AND			REASON FOR			DATES		
- NAME AND ADDRESS OF EN	II LOTEK		NUMBER		TYPE OF WORK			LEAVING		FROI	FROM		
					0.1710								
CIRCLE HIGHEST YEAR COMPLETED		DIPLO	4. OMA		CATIO INTLY ENI	N ROLLED IN HIGH SCH	HOOL COM	MPLETION COUR	RSE?				
6 7 8 9 10 11 12				□ №		ES IF YES, GIVE EX	PECTED (COMPLETION DA)TE				
EMPLOYMENT — RELATED EDU	JCATION (COU	RSES			10 11 120, 0112 22	I LOTED (JOINI ELTION DA	\\L				
COURSE TITLE		NAME OF SCHOOL (AND AD						NUMBER UNITS COMPLETED		DATE COMPLETED		CURRENTLY ENROLLED	
							+						
							_						

LIC 501 (3/99) (OVER)

	4. EDUCAT	TON (Continu	ued)				
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. RE	FERENCES					
List names of three persons who can gi			ties, etc.				
NAME	ADDRESS			EPHONE	RELATIONSHIP TO YOU		
	7.551.255		NU	MBER	(FRIEND, EMPLOYER, ETC.)		
	6. PROFESSIONAL AND	TECHNICAL		NS			
A. List Licenses or Certificates of Com		TECHNICAL	QUALII ICATIO	140			
B. Names of Professional Association	s of which you are a member:						
NOTEO							
NOTES:							
hereby certify under penalty	of perjury that the above statements a	are true and con	rect. I aive mv nei	rmission for any i	necessarv verifica	tion.	
SIGNATURE OF EMPLOYEE	- paryany and another diatements			DATE			