PERSONNEL RECORD (Form to be completed by employee)						NAME OF FACILITY  FACILITY ADDRESS							
							FAC	ILITY FILE NUMBER	!				
			1.	PFR	SONA	.I							
NAME (LAST FIRST			MIDDLE)			· <del>-</del>		TELEPHONE					
ADDRESS								( ) ARE YOU 18 YE		E OR OLDER		UR AGE	
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)  DATE OF LAST PHYSICAL EXAMINATION						N DATE OF LAST TB TES				TEST			
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERI	ENT NAME?		YES NO IF YE	S, PLEASE	E LIST ALL	NAMES USED.							
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LIC	ENSE?	YES	s 🗌 NO		HAS YO	UR DRIVER'S LICENSE	EVER B	EEN SUSPENDED C	OR REVOKE	D? YE	s 🗌 N	0	
CDL NUMBER NEAREST LIVING RELATIVE — NAME:					IF YES,	IF YES, PLEASE EXPLAIN ON BACK OF FORM.  TELEPHONE NUMBER				RELATIONSHIP			
ADDRESS													
TITLE			2	. PO	SITION			HOURS		DAT	E OF EMP	PLOYMENT	
NAME OF SUPERVISOR													
NAME OF SUPERVISOR													
3. PREVIOUS EMPLOYMEN	<b>NT</b> (List	то	st recent experie					eded, please	attach			•	
NAME AND ADDRESS OF EMP	PLOYER		TELEPHONE NUMBER		JOB TITLE AND TYPE OF WORK			REASON FOR LEAVING		DATES TO			
					<u> </u>		`	LEAV	IING	- I KO			
				FDU	OATIO								
CIRCLE HIGHEST YEAR COMPLETED		DIPL	LOMA	_	CATIO ENTLY EN	N ROLLED IN HIGH SCI	HOOL C	OMPLETION COUR	RSE?				
6 7 8 9 10 11 12				│ │	□ Y	ES IF YES, GIVE EX	PECTE	O COMPLETION DA	ATE				
EMPLOYMENT — RELATED EDUC	CATION	COL	JRSES			, -							
COURSE TITLE	NAME OF SCHOOL OR OF AND ADDRES					IIZATION		NUMBER UNITS OMPLETED	DATE COMPLETED		1	RENTLY OLLED	

LIC 501 (3/99) (OVER)

	4. EDUCA	TION (Contin	ued)				
NAME UNIVERSITY, COLLEC	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 (FRIEND, EMPLOYER, ETC.)		
		NU	MBER	(FRIEND, EMPL	OYER, ETC.)		
	6. PROFESSIONAL AND	TECHNICAL	QUALIFICATIO	NS			
A. List Licenses or Certificates of Com							
D. Names of Brofessianal Association	fh:-h						
B. Names of Professional Association	s of which you are a member:						
NOTES:							
						_	
	· · · · · · · · · · · · · · · · · · ·						
	of perjury that the above statements	are true and cor	rect. I give my pe		necessary verifica	tion.	
SIGNATURE OF EMPLOYEE				DATE			