PERSONNEL RECORD								DATE						
(Form to be completed by employee)							NAME	NAME OF FACILITY						
							FACILI	TY ADDRESS						
							FACIL	ITY FILE NUMBER						
							FACIL	ITY FILE NUMBER						
			1.	PER	SONA	L		TELEBLIONE						
NAME (LAST FIRST		MIDD	LE)					TELEPHONE						
ADDRESS							ARE YOU 18 YEARS OF AGE OR OLDER?							
								YES 🗆	NO IF I	NO, PLEASE S	STATE Y	OUR AGE		
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ON	NLY)	DATE OF LAST PH	YSICAL EXA	MINATIO	N		DATE OF LAST TB TEST							
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERI	ENT NAME?	YES NO	IF YES	S, PLEASE	LIST ALL	NAMES USED.								
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? YES NO HAS YOUR DRIVER'S LICENSE							E EVER BEI	EVER BEEN SUSPENDED OR REVOKED? YES NO						
CDL NUMBER NEAREST LIVING RELATIVE — NAME:					IF YES,	PLEASE EXPLAIN ON		FORM.						
NEAREST LIVING RELATIVE — NAME:						TELEPHONE NUMBE	=K			RELATIONS	HIP			
ADDRESS									1					
			2.	PO	SITION									
TITLE					SALARY			HOURS		DAT	E OF E	MPLOYMENT		
NAME OF SUPERVISOR														
3. PREVIOUS EMPLOYMEN	<b>NT</b> (List					dditional space		ded, please	attach					
NAME AND ADDRESS OF EMPLOYER			TELEPHONE NUMBER			OB TITLE AND PE OF WORI		REASON FOR		DATES TO				
		NON	IDEN		<u> </u>	TPE OF WORK	<u> </u>	LEAV	ING	FROI	VI	10		
				FDU	CATIO	NI .								
CIRCLE HIGHEST YEAR COMPLETED		DIPLOMA	4.		CATIO INTLY ENF	N ROLLED IN HIGH SC	HOOL COI	MPLETION COU	RSE?					
6 7 8 9 10 11 12				□ №		ES IF YES, GIVE EX	(PECTED (	COMPLETION D	ΔTE					
EMPLOYMENT — RELATED EDUC	CATION (	COURSES				10 11 120, 0112 27		OOM EE HON E						
COURSE TITLE	NAME OF SCHOOL OR				- COAMIZATION			IUMBER UNITS	1	ATE		RRENTLY		
COURSE TITLE	AND ADI				חאבפט			MPLETED	COMP	LETED	EN	ROLLED		

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	
		FERENCES					
List names of three persons who can gi	ve information about your background,	, character, abili		EPHONE	DEL ATIONEU	ID TO YOU	
NAME	ADDRESS			MBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)		
	6. PROFESSIONAL AND	TECHNICAL	QUALIFICATIO	NS			
A. List Licenses or Certificates of Con	npetence held:						
B. Names of Professional Association	s of which you are a member:						
NOTES:							
I hereby certify under penalty	of perjury that the above statements a	are true and cor	rect. I give my pe	rmission for any i	necessary verifica	tion.	
SIGNATURE OF EMPLOYEE				DATE			