PERSONNEL RECORD (Form to be completed by employee)							DATE NAME OF FACILITY						
								FACILIT	Y ADDRESS				
							FACILITY FILE NUMBER						
NAME (LAST FIRST			MIDDLE)	PER	SONA	L			TELEPHONE				
			5522/						, ,				
ADDRESS									ARE YOU 18 YEA		E OR OLDER NO, PLEASE S		OUR AGE
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ON	ILY)	DAT	TE OF LAST PHYSICAL EX	AMINATIO	N				DATE OF LAST	TB TEST			
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERE	ENT NAME?		YES NO IF YES	S, PLEASE	ELIST ALL	NAMES USED.	. EMAIL A	.DDRES	SS				
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LIC	ENSE2	VEC	:		HASVO	ID DDIVED'S	LICENSE EVI	ED DEF	N SI ISDENIDED C	D DEVOKE	:D2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s 🔲 ı	NO.
CDL NUMBER	ENSE!	YES	S 🗀 NO				RIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO					NO	
NEAREST LIVING RELATIVE — NAME:						TELEPHONE					RELATIONSHIP		
ADDRESS													
			2.	. PO	SITION								
TITLE					SALARY				HOURS		DAI	E OF EN	IPLOYMENT
NAME OF SUPERVISOR													
3. PREVIOUS EMPLOYMEN	IT (List	mo	ost recent experie					need	led, please	attach a			
NAME AND ADDRESS OF EMP	PLOYER		TELEPHONE NUMBER		JOB TITLE AND TYPE OF WORK			REASON FOR LEAVING			FROI	DATE	ES TO
			NOMBLIX		•	IFE OI V	VOKK		LEAV	ING	TRO	IVI	10
											+		
											1		
											+		
CIRCLE HIGHEST YEAR COMPLETED		DIDI	LOMA		CATIO		ICH SCHOO	N COM	IPLETION COUF	9852			
		DIFL	LOWIA		_								
6 7 8 9 10 11 12	DATION A	201	IDOEO	□ NO	☐ YE	ES IF YES, C	GIVE EXPEC	CTED C	OMPLETION DA	TE			
EMPLOYMENT — RELATED EDUC				OP O	DC AN	IZATION		N	UMBER			CHB	DENTIV
COURSE TITLE	NAME OF SCHOOL OR O							UNITS COMPLETED		DATE COMPLETED			RENTLY
	1							1		1		1	

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			