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
342700333

					_					3127003				
	1. PERSONAL													
NAME(LAST)	FIRST				MIDDLE				TELEPHONE					
									()				
ADDRESS							AR	E YOU 18 YEARS OF AGE	E OR OLDE	ER?				
								YES NO	IF NO, PI	LEASE STA	TE YOUR AGE			
SOCIAL SECURITY NUMBER (VOLUNTARY FOR ID ONLY) DATE OF LAST PHYSICAL EXAMINATION								DA	TE OF LAST TB TEST					
HAVE YOU EVER BEEN EMPLO	YED UNDER A DIFFE	ENT NAME?	YES	NO	II	F YES, PLEA	ASE LIST	ALL NAMI	ES US	SED				
DO YOU POSSESS A VALID CAI	TEODNIA DDIVEDZE I	ICENICE 9	YES NO	0		HACVOII	D DDIVE	D'C I ICENIC	TE EV	VED DEEN CHODENDED C	D DEVOV	ED9 3	YES NO	
DO TOO FOSSESS A VALID CAL	LIFORNIA DRIVER 3 L	CENSE :	TES IN	O		IIAS TOU	K DKI V L	X S LICENS	SE EVER BEEN SUSPENDED OR REVOKED? YES NO					
CDL NUMBER						IF VES PI	EASE EX	PI AIN ON	BAC	K OF FORM				
CDL NUMBER IF YES, PLEASE EXPLAIN OF NEAREST LIVING RELATIVE-NAME: TELEPHONE NU														
ADDRESS														
				2.	POS	SITION								
TITLE					Ī	SALARY				HOURS		DATE OF EMPLOYMENT		
NAME OF SUPERVISOR					-									
3. PREVIOUS EM	(PLOYMENT	(List mo	ost recent e	xnerier	ice f	irst If	additio	onal spa	ice	is needed, please	attach	a sena	rate page)	
5. THE (10 00 E)	II DO I IVIDI (I		LEPHONE	J(OB T	ITLE AN	D	REA	ASO	N FOR LEAVING	1		TES	
NAME AND ADDRES				YPE	PE OF WORK						FROM TO			
		\bot												
				ļ										
				4 E	DU	CATION	J				•			
CIRCLE HIGHEST YEAR	R COMPLETED	DIPLOMA		·. L				LED IN H	IIGH	SCHOOL COMPLETI	ON COU	RSE?		
6 7 8 9 10 11 12]	NO	YES	IF YES, G	IVE I	EXPECTED COMPLET	TION DA	ΤЕ		
EMPLOYMENT - R	EL ATED EDIT	CATION	COLIBSES	2										
EMI LOTMENT - K	LATED EDO				GAN	IIZATION	ī			NUMBER	DA	TE	CURRENTLY	
NAME OF SCHOOL OR ORGA COURSE TITLE AND ADDRESS									UNITS		LETED	ENROLLED		
THIS TEST THE TEST TO THE TEST									COMPLETED					
										1				

	4. EDU	JCATION (C	Continued)							
NAME UNIVERSITY, COLLEG AND ADD	MAJOR SUBJECT	NO. OF YEARS COMPLETE	NO. OF UNITS ED COMPLETEI	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED					
		5050201	COMI BETT							
5. REFERENCES										
List names of three persons who ca	an give information about your	background, ch	naracter, abilit	ies, etc. TELEPHONE	RELATIONS	HIP TO YOU				
NAME	ADDRES	S		NUMBER	(FRIEND, EMPLOYER, ETC)					
A. List Licenses or Certificates of Co	6. PROFESSIONAL A	ND TECHNI	CAL QUAL	LIFICATIONS						
A. List Licenses of Certificates of Ce	ompetence neid:									
B. Names of Professional Association	ons of which you are a member:									
NOTES:										
I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.										
SIGNATURE OF EMPLOYEE	, of porjuly state the above state			, permission for	DATE					