

# PERSONNEL RECORD

(Form to be Completed by employee at the time of hire)

FOR HOME CARE ORGANIZATION USE ONLY
NAME OF HOME CARE ORGANIZATION
HOME CARE ORGANIZATION ADDRESS
HOME CARE ORGANIZATION NUMBER
DATE OF EMPLOYMENT
DATE OF SEPARATION

## PERSONAL

NAME (LAST	FIRST	MIDDLE)	AREA CODE/TELEPHONE ( )
ADDRESS			DATE OF BIRTH
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)		DATE OF LAST TB TEST	RESULTS OF LAST TB TEST
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ALL NAMES USED.			
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO CDL NUMBER: _____			

## POSITION INFORMATION

TITLE OF POSITION	TIME BASE
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## EMPLOYMENT

(List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	AREA CODE/ TELEPHONE	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO
	( )				
	( )				
	( )				
	( )				
	( )				
	( )				

Notes:

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I hereby certify under penalty of perjury that I am 18 years of age or older and that the above statements are true and correct.  
 I give my permission for any necessary verification.

EMPLOYEE SIGNATURE	DATE
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