

PERSONNEL RECORD

(Form to be completed by employee)

1. PERSONAL

NAME (LAST)	FIRST	MIDDLE)	TELEPHONE
ADDRESS			() ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE _____

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT

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

NAME AND ADDRESS OF EMPLOYER	FROM	TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?
6 7 8 9 10 11 12		<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE _____

EMPLOYMENT — RELATED EDUCATION COURSES			

