PERSONNEL RECORD

(Form to be completed by employee)

				1. P	ERSONAL					
NAME (LAST	FIRST		MIDDLE)				TELEPHONE			
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ADDRESS							ARE YOU 18 YE	ARS OF AGE	OR OLDER? D, PLEASE STATE	YOUR AGE
										TOURNOL
				2. F	POSITION					
TITLE					SALARY		HOURS		DATE OF E	EMPLOYMENT
NAME OF SUPERVISOR										
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3. PREVIOU	S EMPLOYMEN	I (List mo	ost recent ex	perience	first. If addition	al space is nee	ded, please	e attach a	separate p	age.)
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				4. E	DUCATION					
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4. EDUCATION (Continued)						
NAME UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED	

5. REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)		
6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS					

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations 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