

## PERSONNEL RECORD

(Form to be kept current at all times)

### FOR HOME CARE ORGANIZATION (HCO) USE ONLY

HCO Number

Employee's PER ID

Hire Date

Date of Separation

### PERSONAL

Name (Last	First	Middle)	Area Code/Telephone (    )
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Address	Date of Birth
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Social Security Number (Voluntary for ID only)	Date of TB Test Upon Hire	Results of Last TB Test
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Additional TB Test Dates (Please include test results)

Please list any alternate names used (For example - maiden name)

Do you possess a valid California driver's license? ☐ Yes ☐ No    CDL Number:

### POSITION INFORMATION

Title of Position

**Notes:**

**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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