



F. A. V. O. R.

Families Advocating for Voices of Resilience

Pending Date:

DATE HIRED:
POSITION:
LOCATION
START DATE:

CONTRACTOR'S PERSONNEL RECORD

(Form to be completed by contractor)

1. PERSONAL

NAME (LAST)	FIRST	MIDDLE Initial)	TELEPHONE
ADDRESS			ARE YOU 21 YEARS OR OLDER IF NO, STATE YOUR AGE Yes No Age
SOCIAL SECURITY NUMBER (VOLUNATARY FOR ID ONLY)	DATE OF LAST PHYSICAL EXAM		
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT BAME?		Yes No	IF YES, LIST ALL NAMES USED
DO YOU POSSESS A VALID GEORGIA DRIVERS LICENSE CDL NUMBER:		HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, PLEASE EXPLAIN	
NEAREST LIVING RELATIVE	TELEPHONE NUMBER	RELATIONSHIP	
ADDRESS			

2. POSITION APPLYING FOR

TITLE	DESIRED SALARY	DATE AVAILABLE TO START	DATE OF EMPLOYMENT
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3. PREVIOUS EMPLOYMENT *(List most recent experience first. If additional space is needed, please attach a separate page.) If there are any gaps in employment please explain in the comments section*

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE/SUPERVISOR	REASON FOR LEAVING	DATES
				FROM TO

4. EDUCATION

HIGHEST YEAR COMPLETED	DIPLOMA /DEGREE	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? IF YES, GIVE EXPECTED COMPLETION DATE
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NAME UNIVERSITY, COLLEGE, OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. YEARS COMPLETED	NO. UNITS COMPLETED	DIPLOMA, DEGREE, OR CERTIFICATE	DATE COMPLETED

5. REFERENCES

List names of three persons who can give information about your professional background, character, abilities, etc. Listing these reference gives FAVOR permission to call and verify employment.

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: Please explain any employment gaps in this section.

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

DATE