

TEHAMA COUNTY DEPARTMENT OF EDUCATION

# EMPLOYMENT RECORD

PERSONAL INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

In Case of Emergency, Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

For Office Use Only \_\_\_\_\_

EMPLOYMENT INFORMATION:

Effective Date \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Assignment or Work Location \_\_\_\_\_

Designation:

- Initial Classification
- Permanent
- Full-time
- 12-months
- Reclassification
- Probationary
- Part-time
- 10-months

Salary: Range \_\_\_\_\_ Step \_\_\_\_\_

Hours Per Day \_\_\_\_\_ Days Per Week \_\_\_\_\_

Work Day \_\_\_\_\_ to \_\_\_\_\_

Work Week \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_  Yearly  Monthly  Daily  Hourly

Shift Differential \_\_\_\_\_