

Employee Information Form

Full Legal Name: _____

Home Address: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ SS Number: _____

Country of Birth: _____ Citizenship: _____

Date of Birth: _____ Gender: Male Female

Marital Status: Single Married Date of Marriage: _____

Name of Spouse: _____ Spouse Date of Birth: _____

Names of Children:	Date of Birth:	Gender:
--------------------	----------------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Ethnicity:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or More Races | |

Have you previously worked for SECC? Yes No Location(s): _____ Date(s): _____

Are you currently working for SECC in another capacity? Yes No Location: _____

Are you an ordained Pastor? Yes No Date of Ordination: _____

Are you currently receiving retirement from the North American Division? Yes No

Do you have Military Service? Yes No

Country _____ Branch: _____ Start Date: _____ End Date: _____

Emergency Contact Information:

Person to contact in case of an emergency: _____

Relationship to you: _____ Phone: _____

Employee's Signature

Date

FOR OFFICE USE ONLY:

Church Membership audited by: _____ Date: _____