

## 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:

American Indian/Alaskan Native  Black or African American  Asian  White

Native Hawaiian or Pacific Islander  Hispanic or Latino  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**