

## NEW EMPLOYEE DATA COLLECTION FORM

Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married Date of Marriage: \_\_\_\_\_

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 |                                |

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Date First Entered Denomination Service: \_\_\_\_\_

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

Date Hired by SECC: \_\_\_\_\_

Credential/License Held: \_\_\_\_\_

Have you previously worked for SECC?  Yes  No

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you currently working for SECC?  Yes  No

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

**Employee's Signature**

**Date**

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names of Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_