

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: _____
