

Southern California Conference - New Employee Information Sheet

First Name _____	Middle Name/Initial _____	Last Name _____	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth _____	Date of Birth _____	Hire Date _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ Cell Home

Phone number _____ Cell Home

Email address: _____

SOCIAL SECURITY NUMBER : _____

Race/ethnicity Definition: Asian Native Hawaiian or Other Pacific Islander
 White Black/African American Hispanic or Latino
 American Indian or Alaska Native

Foreign Languages _____

Licenses or credentials held: _____

Marital Status: Married Single Widowed Divorced ***IF MARRIED, please provide following information about your spouse.**

Date of marriage: _____ Spouse birthdate: _____ Spouse SSN _____

Name of Spouse: _____ Maiden name: _____ (if applicable)

Military Service: Country: _____ Branch: _____ Start date: _____ End Date: _____

Education

Post Graduate Degree _____ Year Degree Granted _____

Degree-granting Institution _____

Denominational Service Information

Have you worked for SCC before? Yes No

If so, when and where? _____

Date hired: _____

What position: _____

Work location: _____

IF PASTOR - Ordination information (if applicable)

Date ordained: _____

Place ordained: _____

List the last place of denominational employment history if not at SCC (if applicable)

Employing Organization: _____ Division: _____ Conference: _____

Beginning Date: _____ Ending Date: _____ Position/Type of work: _____

AFFORDABLE CARE ACT (ACA) REQUIREMENT. MUST COMPLETE THIS SECTION . IF NO CHILDREN UNDER AGE 26, CHECK

Full Name(s) of Children	Social Security Number	Date(s) of birth	Gender:
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female