Southeastern California Conference
NEW EMPLOYEE DATA COLLECTION

Name: _____

Home Address: _____

_____

Mailing Address: _____

_____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Birthdate: _____ Social Security Number: _____

Sex: _____ Marital Status: _____ Date of Marriage: _____

Ethnic: ❒ Black ❒ Pacific Isl/Asian ❒ White

❒ Hispanic ❒ American Indian

Job Title: _____ Name of School: _____

Date Entered Denominational Service: _____ Date Hired: _____

Credential/License Held: _____

Have you ever worked for SECC? ❒ No ❒ Yes Date: _____

Are you currently working for SECC? ❒ No ❒ Yes

_____ _____

Employee Signature Date

Name of Spouse: _____ DOB: _____

Name (s) of Children	DOB	Sex

❒ Education ❒ Payroll / School ❒ Human Resource ❒ Insurance

Revised: April, 2006