

# **EMPLOYEE SERVICE RECORD**

First Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Suffix: \_\_\_\_\_ Date of Ordination: \_\_\_\_\_  
Address: \_\_\_\_\_ NAD Retirement Date: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
State: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date Entered Denominational Service: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Military Service: Country: \_\_\_\_\_ Branch: \_\_\_\_\_ Begin: \_\_\_\_\_ End: \_\_\_\_\_

## **Educational Record**

Level of Education	Degree/Diploma Held	Institution	Year Received
College:	_____	_____	_____
Graduate:	_____	_____	_____
Doctoral:	_____	_____	_____
Other:	_____	_____	_____

## **Denominational Employment**

(list the last place of denomination employment only)

Position/Type of Work: \_\_\_\_\_ Beginning Date: \_\_\_\_\_  
Employing Organization: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Conference Affiliation: \_\_\_\_\_

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A record shall be maintained for all full-time salaried and hourly employees and employees working 50% or more per year. Upon completion of this form, please return to the address listed below:

Southeastern California Conference  
Human Resources Department  
11330 Pierce Street / P. O. Box 79990  
Riverside, CA 92515

Revision Date: March 21, 2013