



New Employee/ Emergency Contact Information Form

1. Last Name First Name Middle 2. Social Security #

3. Date of Birth 4. Gender: Male Female 5. Marital Status: Married Single

6. Emergency contact: Last Name First Name Relationship: Child Spouse Parent Other

Street () Primary Telephone #

City State Zip Code () Alternate Telephone #

7. Vocational Status: Ordained/Vowed Religious Lay

8. Ethnicity (check one): Asian/Pacific Islander (AO) Caucasian (CO) Native American / Alaskan (N) Black (BO) Hispanic (HO) Other: Elect Not to Answer (RE)

9. Religion (check one): Baptist (BA) Jewish (JE) Roman Catholic (RC) Buddhist (BU) Lutheran (LU) Russian Orthodox (RO) Episcopal (EP) Methodist (ME) Seventh Day Adventist (SD) Greek Orthodox (GO) Mormon/LDS (MR) Non-Denominational (ND) Hindu (HI) Presbyterian (PB) None (NO) Islam (IS) Protestant (PR) Other (OT):

10. Do you have a disability that may affect your ability to perform the essential functions of your position with or without a reasonable accommodation? No Yes Explain:

If you wish to have your check mailed to a different address than the one you listed on your employment application, please list below:

11. Check Mailing address (HC): Street City State Zip Code Tel ephone

Employee Signature Date