



Upper Columbia Conference of Seventh-day Adventists®

Data Collection Form

☐ New Hire

☐ Rehire

☐ Update/Change*

Employee Information

* Name changes require a copy of your new Social Security Card

First Name	Last Name	Home Phone	Mobile Phone
Street Address	City	State	Zip
Mailing Address	City	State	Zip
E-mail Address	Birthdate	Gender	Ethnicity (check one) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Island/Asian <input type="checkbox"/> White
Marital Status	Country of Birth		
Emergency Contact Name	Emergency Contact Phone Number	Emergency Contact Relation to You	

Employment/Membership Information

Have you ever worked for UCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Employed at UCC
Have you worked for the Seventh-day Adventist denomination prior to 2000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are moving, do you want to transfer your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____ To: _____

Family Information

Spouse Name	Spouse Date of Birth
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Child 1 Name	Child 1 Date of Birth	Child 1 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Name	Child 2 Date of Birth	Child 2 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Name	Child 3 Date of Birth	Child 3 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 4 Name	Child 4 Date of Birth	Child 4 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Employee Signature _____

Date _____