

Southwestern Adventist University

Personal Information Request Form

Please complete this form and return it to the HR Department at your earliest convenience.

Personal Information

Name _____
(First) (Middle) (Last) (Maiden Name)

Home Address _____
(Street or PO Box)

(City/State)

(Zip)

Home Phone _____

Social Security # _____

Date of Birth _____

Birthplace _____

Citizenship _____

Date of Marriage _____

Military Service _____
(Country)

Branch of Service _____

Beginning Military Service Date _____ Ending Military Service Date _____

Language preference for personal reading _____

If you came to the North American Division from an overseas division, check one of the following:

I came by regular Interdivision Call

I came on my own (Independent Transfer)

Please **circle one in each group** that applies to you:

SDA

Male

Single

Non-SDA

Female

Married

Separated

Divorced

Widowed

Current Employment at Southwestern Adventist University

Employer Southwestern Adventist University

Position Title _____

Basis Part-Time Basis Full-Time Basis

Date of Hire _____

Department _____

(See reverse side)

Most Recent Place of Denominational Employment *(before coming to Southwestern)*

Employer _____

Position Title _____

Department _____

Basis _____ Part-Time Basis _____ Full-Time Basis

Date of Hire _____

Date Employment Ended _____

Denominational Service

Beginning Date of Denominational Service _____ Ordination Date _____

Have you ever had denominational service in Canada? _____

If yes, what is your Canadian Social Insurance #? _____

Denominational Credential

Please circle the credential you presently hold (if any):

- | | |
|----------------------------------|--|
| Ministerial Credential | Commissioned Ministry of Teaching Credential |
| Ministerial License | Commissioned Ministry of Teaching License |
| Commissioned Minister Credential | Ministry of Teaching License |
| Commissioned Minister License | Literature Evangelist Credential |
| Missionary Credential | Literature Evangelist License |
| Missionary License | |

Education Record

Level of Education	Degree/Diploma Earned	Institution Granting Degree/Diploma	Year Degree or Diploma Received
Secondary	_____	_____	_____
College	_____	_____	_____
Postgraduate	_____	_____	_____
Doctoral	_____	_____	_____
Other	_____	_____	_____

Spouse Information

Name _____
(First) (Middle) (Last) (Maiden Name)

Social Security Number _____ Canadian Social Insurance # _____

Date of Birth _____