

Employee Data Collection Sheet

Please Complete All Sections

Employee Name (First, Middle, Last as listed on Social Security Card)

Home Address							
Street							
City		State	Zip				
Mailing Address (If Different)							
Street							
City		State	Zip				
Home Phone		Mobile Phone					
Email Address							
Gender □ Male □ Female	Marital Status						
Birthdate	Social Security Number						
Credential or License Held			Expiration Date				

Please list the following information. (Any person listed on your tax return and/or receiving any benefits due to your employment with the Northern California Conference)

Name	Relationship	Date of Birth	Gender	Social Security Number
	Spouse			
	Child			
	Child			
	Child			

Employee Signature

Date

The Northern California Conference is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Northern California Conference invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Are you Hispanic or Latino? 🛛 Yes 🗖 No

If you have answered no to the above question, please indicate your race:

- □ White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- □ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- □ Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)