

# Andrews University

## EMPLOYEE SERVICE RECORD BIOGRAPHICAL INFORMATION FACULTY / STAFF

The following information will be used to begin/continue your Service Record.

Date \_\_\_\_\_

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last Previous (Maiden) Name

Home address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Gender (circle one): Male / Female Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Place of birth (country): \_\_\_\_\_ Nationality (citizenship): \_\_\_\_\_

Social Security #: \_\_\_\_\_ AU ID #: \_\_\_\_\_

AU Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

S.D.A. Church affiliation (circle one): Yes / No Date of church membership: \_\_\_\_\_

Marital Status: \_\_\_\_\_  
Single Married (Date) Widowed (Date) Separated (Date) Divorced (Date)

### 2. SPOUSE INFORMATION

Spouse full name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(maiden name, if wife) (mm/dd/yyyy)

Spouse Social Security # \_\_\_\_\_

Spouse occupation and employer: \_\_\_\_\_

### 3. CHILDREN/DEPENDENT INFORMATION

Social Security #	Name	Gender	Birthdate	Status (Single/Married)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**4. MILITARY SERVICE**

Branch \_\_\_\_\_ Dates \_\_\_\_\_

**5. EDUCATION** (List only diploma-/certificate-/degree-granting institutions)

High School/Academy                      Location                      Graduation Date  
\_\_\_\_\_

Undergraduate College/University    Location                      Degree    Major                      Date  
\_\_\_\_\_

Vocational/Trade School              Location                      Certificate or Degree              Date  
\_\_\_\_\_

Graduate School/Postgraduate Work    Location                      Degree              Date  
\_\_\_\_\_  
\_\_\_\_\_

**6. WORK EXPERIENCE**

*Please list the SDA institution where you most recently worked. We will request your Service Record from this institution.*

Institution                      Conference name              Position                      Dates                      Full-time/Part-time  
\_\_\_\_\_

Do you currently have a Service Record for denominational work? (Circle one) Yes / No / Don't know

Total number of years of service in S.D.A. denominational work \_\_\_\_\_

Total number of years of service for Andrews University \_\_\_\_\_

Leave(s) of absence granted by Andrews University (dates and purpose)  
\_\_\_\_\_

**7. CHURCH CREDENTIALS CURRENTLY HELD** (check one)

- Ordained Minister     Teaching Credentials     Licensed Minister     Missionary Credentials
- Missionary License

- Are you an  Interdivision Employee  
 NAD Missionary  
 Independent Transfer

(Please see the assistant in Human Resources for an additional form)