

**COLUMBIA THEOLOGICAL SEMINARY
PERSONNEL RECORD FORM**

NAME _____
(First) (Middle) (Last)

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ HIRE DATE _____

SPOUSE NAME _____

NAMES OF CHILDREN

_____	DATE OF BIRTH _____
_____	DATE OF BIRTH _____
_____	DATE OF BIRTH _____
_____	DATE OF BIRTH _____
_____	DATE OF BIRTH _____

BIRTH PLACE _____

EDUCATIONAL INSTITUTIONS ATTENDED: (omit high school if higher education obtained)

SCHOOL	YEARS ATTENDED	DEGREE ATTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION: (list former pastorate, employers, etc)

