

**COLUMBIA THEOLOGICAL SEMINARY  
PERSONNEL RECORD FORM**

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HIRE DATE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ HOME EMAIL \_\_\_\_\_

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS

PRIMARY/RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

SECONDARY/RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_