

**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 _____