



Seventh-day  
Adventist® Church

## IDENTIFICATION FORM

ILLINOIS CONFERENCE

Please complete all of the questions accurately and fully. Attach additional sheets if needed.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you eligible to work in this country:  Yes  No

*Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act. **The Illinois Conference reserves the right to verify your employment eligibility with the Department of Homeland Security and the Social Security Administration.***

### SCHOOLS ATTENDED

*Most recent school you attended*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of school: \_\_\_\_\_ Name of program or degree: \_\_\_\_\_

Program completed?  Yes  No Dates attended: \_\_\_\_\_

### EMPLOYMENT HISTORY

*Please complete for **prior two** employers.*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone \_\_\_\_\_ Contactable? Yes No

Position Held: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone \_\_\_\_\_ Contactable? Yes No

Position Held: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

**VOLUNTEER SERVICE**

*Include experience working with children or youth*

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Duration of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Duration of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Duration of acquaintance: \_\_\_\_\_

**CHURCH MEMBERSHIP**

Present Church Membership: \_\_\_\_\_

I certify to the best of my knowledge that all statements contained herein are correct and complete. I understand that the Illinois Conference reserves the right to verify my employment eligibility with the Department of Homeland Security and the Social Security Administration.

While serving as an employee of the Seventh-day Adventist Church, I consent to have my name and position published in church publications, websites, and in the Seventh-day Adventist Yearbook if my employer chooses to submit my name:

\_\_\_\_\_ **Yes** I consent                      \_\_\_\_\_ **No** I do not consent

Note: If you are elected/appointed by an officially recognized Adventist entity, your consent is not necessary in order to publish your name in church publications, websites, and in the Seventh-day Adventist Yearbook.

Signed: \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_