



American Missionary F E L L O W S H I P

Employment Information Form

PLEASE PRINT

Name _____ M/F _____

Full Address _____

Home Phone _____ Birthdate ____ / ____ / ____ SS# _____

Marital Status _____ If married, date of marriage _____

TO BE FILLED IN BY MISSIONARY

<u>Dependents:</u>	<u>Name</u>	<u>Birthdate</u>	<u>SS#</u>
<u>Spouse:</u>		/ /	
<u>Children:</u>		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Ordained: _____ Yes _____ No _____ Date _____
 Licensed: _____ Yes _____ No _____ By _____
 If yes: _____ I have _____ I have not filled form 4361 for exemption from S/E tax

Signature of Applicant: _____

To Be Filled In By Regional Director

Work Status	_____ Area Missionary	Starting Date _____	
	_____ Church Missionary	Starting Date _____	
	_____ Summer Missionary	Starting Date _____	Stop _____
	_____ Partner	Starting Date _____	Stop _____
	_____ Other	Starting Date _____	Stop _____

Support # _____

Assignment:

Region _____ Commissioned for AMF _____ Date _____
 Field _____ By: _____

Support Plan Data _____

Signature of Regional Director _____

Directory of Ministry Resources Approval: _____ Starting Date: _____

Finance Office:

Date Placed on Payroll _____ Compensation Details _____
 Insurance enrollment form _____
 Form W-4 received _____ Finance Dept _____
 Form I-9 received _____