

MARICOPA COMMUNITY COLLEGES

Adjunct and Substitute Faculty Employee Data Form

PERSONAL DATA

CAMPUS _____

SOC. SEC. # _____ NAME _____ START DATE _____
Print Your Full Name as it Appears on Your Social Security Card

ADDRESS _____
Street Address (w/Apt. No. if Applicable) City State Zip

EDUCATION _____ MALE _____ FEMALE _____ BIRTH DATE _____
Highest Level & Year Achieved (see reverse) mm/dd/yy

HOME PHONE () OTHER PHONE () E-MAIL ID _____
Ok to release () Ok to release () Circle Cellular/pager/work

EMERGENCY CONTACT _____ () ()
INFORMATION Contact's Name Relationship Contact's Home phone / Contact's Work Phone

DEPARTMENT DATA

Supervisor _____
Name Phone # Department Department ID Course

If you are working at another location within the Maricopa Community Colleges, provide the following information:

College(s)/Location(s) and Department(s) Supervisor(s) Total Hours per Week (indicate Clock or Load Hours)

If you have worked at another location within the Maricopa Community Colleges in the last 5 years, provide the following:

Campus Supervisor Year / Campus Supervisor Year

CITIZENSHIP STATUS

- 1. ___ Citizen or National of the United States
2. ___ *Lawful Permanent Resident of the U.S.
3. ___ *Alien authorized to work in the U.S. until work authorization expiration date

* NOTE:
If you checked 2 or 3, you must complete the Non-U.S. Citizen Employee Tax Data Form

By my signature below, I assert that all the information given in this packet is true. I understand that false information (misrepresentation or omission of information) may be the basis for termination of employment. I authorize investigation of all statements contained herein and hereby release all parties from any liability for any damages that may result from furnishing such information.

Signature of Employee

Date

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38-201, effective September 30, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system."

College Use only

Employment Eligibility Verification (Form I-9) Date: ___ • Loyalty Oath • State/Federal Tax Forms • Copy of SS card
• DES Wage Withholding response • Demographics • Resume • Transcripts • Conditions of Employment

Input by: _____ Date: _____

Highest Education level - Choose one:

2 yr college

Bachelor's

Doctorate

H.S. Grad

Less than H.S.

Masters

MD

DDS

JD

Post Doctorate

Some college

Some Grad

Tech Bus