

Person of Interest Data Form

DEPARTMENT AUTHORIZATION

Check one: () DUAL ENROLLMENT INSTRUCTOR () CONSULTANT () AGENCY TEMPORARY () RETIRED EMPLOYEE
() CALL CENTER () VOLUNTEER () VENDOR () ESS EDUCATIONAL SERVICES () OTHER

Dates of service: FROM ___/___/___ TO: ___/___/___ Department _____

Does person need an Employee ID Badge? Yes No

SUPERVISOR: _____
Print Name Signature Date

If person is Dual Enrollment Instructor:

HIGH SCHOOL _____ SEMESTER: Fall _____ Spring _____ Year _____

Course(s) _____

Have you ever worked for the Maricopa County Community College District before? Yes No

PERSONAL DATA

Please print all data

SOC. SEC. # _____ NAME _____
(Optional) Print your full name exactly as it appears on your Social Security Card

ADDRESS _____ City _____ State _____ Postal Code _____
Street address (with Apt # if applicable)

MAIN PHONE () _____ OTHER PHONE () _____
Circle: Cellular/Work/Pager/Other

MALE _____ FEMALE _____ BIRTH DATE _____ EMAIL _____
(Optional)

EMERGENCY CONTACT _____ () _____ () _____
Name & Relationship Home Phone Work Phone

HIGHEST LEVEL OF EDUCATION ACHIEVED () Less than high school () High school graduate () Tech/Business School
() Some college () AA () Bachelors () Some grad school () Masters () JD () Doctorate () MD () DDS

ACKNOWLEDGEMENT

By my signature below, I assert that all the information given in this "Person of Interest Form" is true and acknowledge understanding and agreement with all materials and conditions as stated. I understand that false information (misrepresentation or omission of information) may be the basis for termination of my role at GC C. I authorize investigation of all statements contained herein and hereby release all parties from any liabilities that may result from furnishing such information.

Signature

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. Revised 7/21/2010.

For Employee Resources use only:

HRMS entry _____ HR ID Badge _____ Emailed Dept. _____ Sent to D.O. _____

I-9 Date _____ E-Verify Date _____ FERPA _____ U.S. Mail/GCC/Other _____