

New Employee Data Form

Department Use Only

Circle ONE: STUDENT / TEMPORARY / ADJUNCT CAMPUS _____

Supervisor _____

Name Phone # Department Course (if applicable)

Authorizer : _____ Start Date: _____

Printed Name Signature

PERSONAL DATA

SOC. SEC. # _____ NAME _____

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

MAIN PHONE () _____ OTHER PHONE () _____ E-MAIL _____

Ok to release () Ok to text () Ok to release () Ok to text ()

EMERGENCY CONTACT INFORMATION _____ () _____ () _____

Contact's Name Relationship Contact's main phone Contact's Work Phone

Contact's Address _____

Provide the following information if you are working at another Maricopa Community College location:

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

Provide the following if you have worked at another Maricopa Community College in the last 5 years:

Campus Supervisor Year / Campus Supervisor Year

CITIZENSHIP STATUS

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. _____ Citizen or National of the United States 2. _____ A noncitizen national of the U.S. Tax Data 3. _____ A lawful permanent resident of the U.S. 4. _____ Alien authorized to work in the U.S. | <ul style="list-style-type: none"> • NOTE: If you checked #4, you will need to complete the Non-U.S. Citizen Employee Form if you have an F-1, J-1, J-2 visa or have an EAD card with Terms and conditions. If you are a Permanent Resident or have an EAD card with no Terms or conditions as stated on your card, you do not need to 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

(Form I-9) Date: _____ Loyalty Oath State/Federal Tax Forms Verify SS Number Wage Withholding Demographics

FACULTY Resume Transcripts Conditions of Employment Credentials Verification

Input by: _____ Date: _____

Text message MEMS (Maricopa Emergency Management System) ALERTS:

All employees are enrolled in a text-message ALERT notification system that sends messages with key directives in the event of incidents affecting the health and safety of people on campus/site when a cell phone number is entered into HRMS.

The ALERTS are issued in a specific format that makes it clear you are being notified of an emergency (MEMS ALERT, CGCC ALERT, MCC ALERT, GCC ALERT, etc.) The alerts provide directives with which you are expected to comply.

It is important to keep your contact information updated in HRMS (employees) – especially mobile devices and e-mail addresses – in order to fully utilize the MEMS Alert system. Anyone may opt-out of the mass notification system through a link on the MEMS website, or by responding S-T-O-P to test text messages. However, it is highly recommended that you remain enrolled.

Highest Education Level Achieved Options:

Less than High School Graduate

High School Graduate or Equivalent

Some College

Two-Year College Degree

Bachelor's Level Degree

Some Graduate School

Master's Level Degree

Doctorate (Academic)

Doctorate (Professional)

Post-Doctorate

Technical or Business School