

MARICOPA COMMUNITY COLLEGES

Person of Interest (POI) Data Form

To Be Completed by POI – Please Print

NAME _____ SOCIAL SECURITY # _____
Print your full name exactly as it appears on your Social Security Card

ADDRESS _____
Street Address(with apt. #) City State Postal Code

PHONE () _____ PREFERRED PHONE () _____
Circle one: Cellular/Work/Other Circle one: Cellular/Work/Other

MALE ___ FEMALE ___ BIRTH DATE _____ EMAIL _____

EMERGENCY CONTACT _____
Name & Relationship Home Phone Work Phone

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

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

ACKNOWLEDGMENT

By my signature below, I assert that all the information given in the "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 CGCC. 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 20, 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.

TO BE COMPLETED BY DEPARTMENT AUTHORIZER

Check one: (see reverse for definitions)

- () DUAL ENROLLMENT INSTRUCTOR () CONSULTANT () AGENCY TEMPORARY () CALL CENTER
() RETIRED EMPLOYEE () UNPAID INTERN () VOLUNTEER () VENDOR () ESS EDUCATIONAL SVCS.

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

Required for HRMS Enrollment

Does person need access to computer systems? ___ Yes ___ No Does person need an ID badge? ___ Yes ___ No

SUPERVISOR: _____
Print Name Signature Date

For Employee Services use only:

Loyalty Oath Copy of SS

HRMS entry _____ SIS ID # _____ Person ID # _____ FERPA _____

Input/Processed by _____ Date _____

Person of Interest Analysis

Employee Services strives to provide customers with most efficient service possible. This form will assist us in providing you with the best possible customer service. Please use the following to select the type of POI you are bringing forward, so that our office can best determine your needs.

Person of Interest Analysis			
Person of Interest Category	Check one that applies	Next Step	Definition
Dual Enrollment Instructor	<input type="checkbox"/>	Complete POI Packet Retain originals in Division files Forward appropriate copies to Employee Services	Teaches college-level courses to High school students and are not compensated by MCCCCD
Consultant	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Hired to do specialized work on certain projects and are paid by outside sources
Agency Temporary Employee (such as Kelly Services Employee)	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Temporary agency employees that come to work for MCCCCD and are paid by the temporary agency
Retired Employee	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Retired employees who continue a relationship with MCCCCD are changed from Employee status to Person of Interest status
Call Center Employee	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Employees who provide support for some of our systems and are paid by the contracted company
Unpaid Intern	<input type="checkbox"/>	Complete POI Packet and Forward everything to Employee Services Retain copy of "field placement agreement" in dept.	Can be any member of the community who is completing an internship for their degree program at a university
Volunteer*	<input type="checkbox"/>	Complete POI Packet and *MCCCCD Volunteer Forms* Forward everything to Employee Services	Can be any member of the community working on a volunteer basis
Vendor (i.e. Follett or Chartwells employee)	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Vendors are companies that provide services to MCCCCD employees and students
ESS Educational Services	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Are contract relationships with MCCCCD for specialized programs For example: hospitals providing adjuncts for nursing program and/or Fire Science/EMT department