



ESTRELLA MOUNTAIN COMMUNITY COLLEGE

A Maricopa Community College

Person of Interest (POI)

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

Dates of service: FROM ____/____/____ TO: ____/____/____

Department _____ Supervisor _____

Dual Enrollment Instructors Only:

HIGH SCHOOL _____ SEMESTER: Fall ____ Spring ____ Year _____

Course(s) _____

Person of Interest (POI) PERSONAL DATA

Employee Name (as it appears on your social security card)			Social Security Number	
Address (street address include Apt No. if applicable)		City		State
Home Phone	Work Phone	Cell Phone		E-mail Address
Emergency Contact Name	Relationship	Home Phone		Work Phone
Are you authorized to work and remain in the United States? Yes No			Date of Birth	
Are you related to a MCCCCD Employee? Yes No (If you answer YES, please fill out the line below)				
Name (First and Last Name)		Relationship		MCCCCD Location
If you are working at another location within Maricopa Community Colleges, please fill out the section below.				
College and Department		Division Chair/Supervisor		Total Hours Per Week: _____ Clock Load: _____

My signature and submission of this "Person of Interest Form" asserts that all information given is true, and acknowledges my understanding and agreement with all material and conditions as stated.

Signature of Applicant

Date

EMCC HR Department Use Only

Start Date: _____

Input by: _____

Division/Department: _____ Supervisor: _____ Phone Number: _____ Official Transcripts: _____