



# 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                                  |                |
| <b>If you are working at another location within Maricopa Community Colleges, please fill out the section below.</b> |              |                           |  |                |
| College and Department   |              | Division Chair/Supervisor | Total Hours Per Week: _____<br>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: \_\_\_\_\_