

MARICOPA COMMUNITY COLLEGES

Contingent Worker (CWR) or Person of Interest (POI) Data Form

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/Division: _____ Dates of Services: FROM: ____/____/____ *TO: ____/____/____

SUPERVISOR: _____
Print Name Signature Phone Number Date

Dual Enrollment Instructors Only:

HIGH SCHOOL: _____ **SCHOOL DISTRICT:** _____

SEMESTER: Fall _____ Spring _____ Year _____ **Course(s):** _____

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

PRIMARY () **ALTERNATE PHONE** ()

Circle one: Cellular/Work/Other

Circle one: Cellular/Work/Other

MALE ____ **FEMALE** ____ **DATE OF BIRTH** _____ **EMAIL** _____

EMERGENCY CONTACT _____

Name & Relationship

Primary Phone

Alternate Phone

Provide other name(s) previously used: _____

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

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

If you are working at another location with Maricopa Community Colleges, please fill out the section below.

College and Department	Division Chair/Supervisor	Total Hours Per Week
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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
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Required for HCM Enrollment

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

ACKNOWLEDGMENT

By my signature below, I assert that all the information given on 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 MCCCCD. 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

For Human Resources Office Use Only:

☐ Loyalty Oath ☐ Volunteer Form

Start Date: _____

Employee ID # _____

FERPA _____

Official Transcripts _____ **SIS ID #** _____

Input/Processed by _____ **Date** _____

Contingent Workers/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 CWR/POI you are bringing forward, so that our office can best determine your needs.

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

*required information