



MARICOPA
COMMUNITY COLLEGES

Contingent Worker Request (CWR) Data Form

Dual Enrollment

NAME _____ SOCIAL SECURITY NUMBER ____-____-____
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 (____) _____

☐ MALE ☐ FEMALE BIRTHDATE _____ EMAIL _____

EMERGENCY CONTACT _____
Name and Relationship Home 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

Acknowledgement

By my signature below, I assert that all the information given in the "Contingent Worker Request" 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 MCCCDC. 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

DEPARTMENT _____ START TERM _____

SUPERVISOR _____
Designate the supervisor per RFP C.13.

MCCCDC TECHNOLOGY ACCESS: ☐ Student Information System ☐ Employee Learn Center ☐ Canvas

TO BE COMPLETED BY EMPLOYEE SERVICES

HRMS ENTRY _____ MEID _____ SIS ID _____

EMPLOYEE ID _____ EMAIL _____

INPUT/PROCESSED BY _____ DATE _____ HCM POSITION # _____