



DATA RECORD FOR ADJUNCT INSTRUCTORS, TEMPORARY & STUDENT EMPLOYEES

This form is used to collect employee data required by Federal and State reporting regulations and the DMACC Human Resources Information System.

Last Name	First Name	MI	/	/
				Social Security Number

1. ETHNICITY

Are you Hispanic or Latino? Yes No

2. RACE

Please select one or more of the categories listed below.

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

3. Are you a US citizen? Yes No

4. GENDER Male Female

5. DATE OF BIRTH ____/____/____
 Month Day Year

For Credit Adjunct Instructors Only

6. HIGHEST EDUCATIONAL ACHIEVEMENT

- | | |
|---|---|
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Education Specialist | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Less than High School Diploma or GED |
| <input type="checkbox"/> Associate Degree | |

If any changes occur in the information you have provided, please contact the Human Resources Department to update the data.

7. MAILING ADDRESS

Address _____

City _____ State _____ ZIP _____

County _____

8. TELEPHONE NUMBER(S)

____ Land Line - Area Code _____ Number _____

____ Cell - Area Code _____ Number _____

9. PERSONAL EMAIL ADDRESS *(optional, for Payroll use only)*

10. EMERGENCY CONTACT INFORMATION - If you would like to have a family member or friend contacted in the event of a medical emergency at work, please identify the contacts below.

Primary Contact

Name _____
(Last) (First) (MI)

Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Extension _____

Secondary Contact

Name _____
(Last) (First) (MI)

Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Extension _____

If any changes occur in the information you have provided, please contact the Human Resources Department to update the data.

EMPLOYEE SIGNATURE _____ DATE _____

(OVER)

Name _____ ID # _____

Semester _____

New Regular Instructor

Regular Instructor/Employee

New Adjunct Instructor

Returning Adjunct Instructor

High School Concurrent Instructor

1. Requested Course Approvals

Credit Courses: List ACRO/NO for each course approval requested.

Non-credit Courses: Level approval, ACRO%, may be requested, if desired.

2. New Adjunct Instructors

The following materials must be completed and attached before the Instructor will be scheduled:

- Adjunct Instructor Application
- Reference Form (P-5T)
- Transcripts (official copy)
- Request for Adjunct, Temporary or Student Employee (Form P-61A)
- Authorization/Consent & Release for Background Check (Form P-61B)
- Data Record for Adjunct Instructors, Temporary, and Student Employees (Form P-14)
- Right to Know Training Verification (if applicable)
- Bloodborne Pathogens Training Verification (if applicable)

NOTE: The I-9, W-4, Iowa W-4 and Authorization to Mail Paycheck or Direct Deposit Authorization Agreement may not be completed until an applicant has been approved for hire and has accepted an offer of employment.

3. For Adjunct Instructors Teaching Credit Courses

- Yes, this individual meets the "DMACC Regular and Adjunct Qualifications" to teach the above credit courses.
- No, this individual does not meet the "DMACC Regular and Adjunct Qualifications" but I am requesting approval because:

Requested By _____ Date _____
Signature and Title

Approved By _____ Date _____
Signature and Title

Department/Campus _____

Human Resources:

Approved: Comments _____

Disapproved: Reason _____

By _____ Date _____
Human Resources

Entered _____

ADJUNCT/TEMPORARY TELEPHONE EMPLOYMENT REFERENCE

Applicant _____ **Vacancy** _____

Reference Name/Title _____ **Company** _____

Telephone # _____ **Relationship if other than Supervisor** _____

Advise the Reference that the Applicant has signed a release to check references (signed application form). Briefly describe the vacancy for which we are considering the Applicant.

1. Employment Verification – dates, job titles/duties:

2. Please comment on:

Quality of Work

Quantity of Work

Working Relationships with Others

Dependability

Attendance/Punctuality

Job-related Strengths

Job-related Weaknesses

3. Has the applicant ever displayed a violent temper at work?

4. Has the applicant ever been disciplined for harassing or mistreating fellow employees, clients, or students?

5. Would you rehire?

6. Do you have any additional comments regarding the applicant's employment and job performance which might influence our decision?

Supervisor _____ Date _____