

## 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 \_\_\_\_\_

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EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(OVER)