

MOTT COMMUNITY COLLEGE

Temporary/Contracted Worker Information Form



NAME: _____ SSN: _____

DEPARTMENT: _____ SUPERVISOR: _____

AGENCY TEMP (AGENCY NAME: _____) MOTT TEMP CONTRACTOR

CONTACT INFORMATION

Street Address _____

City, State, Zip _____ Telephone _____

PERSONAL DATA

Gender: Male Female Date of Birth _____

Ethnicity:

Are you Hispanic or Latino? (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.) Yes No

Select one or more of the following races:

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

EMERGENCY CONTACT

Name _____ Relationship _____

Street Address _____

City, State, Zip _____ Telephone _____

WORKER SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO SYLVIA GREEN IN HUMAN RESOURCES – CM 1117J

HR: Provide copy to HRIS Analyst