

RRCC APPOINTMENT FORM

PLEASE PRINT AND PRESS FIRMLY

EMPLOYEE'S LEGAL NAME (LAST, FIRST, MIDDLE INITIAL):		SOCIAL SECURITY #:		
STREET OR P.O. BOX:		CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	WORK OR CELL PHONE #:	E-MAIL ADDRESS:		
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE NUMBER:		

EQUAL OPPORTUNITY EMPLOYMENT

GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH: MO DAY YR	ETHNICITY – CHECK ONE: <input type="checkbox"/> AFRICAN AMER <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> NATIVE HAWAIIAN/ PACIFIC ISLANDER <input type="checkbox"/> AMER INDIAN/ ALASKAN NATIVE <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> OTHER	US CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, ENTER CATEGORY TYPE _____
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EDUCATIONAL LEVEL:

<input type="checkbox"/> 1. NO ACADEMIC CREDENTIALS	<input type="checkbox"/> 2. HIGH SCHOOL DIPLOMA/GED	<input type="checkbox"/> 3. TRADE CERTIFICATE
<input type="checkbox"/> 4. SOME COLLEGE	<input type="checkbox"/> 5. ASSOCIATE DEGREE IN _____	
<input type="checkbox"/> 6. BACHELOR'S DEGREE IN _____	<input type="checkbox"/> 7. MASTER'S DEGREE IN _____	
<input type="checkbox"/> 8. PROFESSIONAL DEG./LICENSURE IN _____	<input type="checkbox"/> 9. OTHER DOCTORATE _____	
<input type="checkbox"/> 10. Ph.D. IN _____	YEAR DEGREE CONFERRED ___/___/_____	

HR DEPARTMENT USE ONLY BELOW THIS LINE

STATUS: NEW RETURNING
(HAS WORKED IN THE LAST 120 DAYS) REHIRE ADDITIONAL JOB
(HAS NOT WORKED IN THE LAST 120 DAYS.)

BACKGROUND CHECK DONE _____ DATE _____

SUMMER STUDENT WORKER ONLY: TIAA-CREF ELIGIBLE? YES NO (CIRCLE ONE)

ELIGIBLE FOR SHIFT DIFFERENTIAL? YES NO 2ND SHIFT 3RD SHIFT (CIRCLE ONE)

CURRENT APPOINTMENT: FT PT

<input type="checkbox"/> ADMINISTRATOR	<input type="checkbox"/> CLASSIFIED	<input type="checkbox"/> FACULTY	<input type="checkbox"/> LIMITED FACULTY
<input type="checkbox"/> NON-STUDENT HOURLY	<input type="checkbox"/> PT INSTRUCTOR	<input type="checkbox"/> STUDENT HOURLY	<input type="checkbox"/> TECH PRO
<input type="checkbox"/> TEMPORARY CLASSIFIED	<input type="checkbox"/> WORK STUDY		

RATE OF PAY:	ORG CODE & %:	START DATE:	END DATE:
JOB TITLE:	DEPT:	SUPERVISOR & PHONE EXT:	
S #:	POSITION #:	APPT %:	
SEMESTER EFFECTIVE:	TODAY'S DATE:	COMPLETED BY (PRINT NAME):	

RRCC HR 5/31/11 PP ___ EMP ___ NBA ___ DED ___ COV ___ DIR ___ BEN ___ SIA ___ INI _____ DATE _____