



Post Employment Data Form

The Central Arizona Community College is an equal opportunity employer. The information requested is for reports to governmental agencies, internal statistical reporting, benefits enrollment, accrediting association's statistical data, and other college related purposes.

____ - ____ - ____
Social Security Number or CAC ID Number

Name _____
Last First Middle Initial

Is this a name change?

No Yes Prior Name _____

Address _____
Address City State Zip Code

Date of Birth _____ Gender: Male Female

Emergency contact: _____ Phone: (____) _____ - _____

<p>Ethnicity</p> <p>Hispanic or Latino: Person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Disability Status</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Ambulatory/Mobile</p> <p><input type="checkbox"/> Visual</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Mental/Psychological</p> <p><input type="checkbox"/> Multiple</p> <p><input type="checkbox"/> Other</p>	<p>Veteran Status</p> <p><input type="checkbox"/> Non-Veteran</p> <p><input type="checkbox"/> Disabled Vet-Other Than Vietnam</p> <p><input type="checkbox"/> Disabled Vet-Vietnam Era</p> <p><input type="checkbox"/> Other Than Vietnam Veteran</p> <p><input type="checkbox"/> Spouse of Deceased Veteran</p> <p><input type="checkbox"/> Vietnam Era Veteran</p>
<p>Race Background for Non-Hispanics Select one or more</p> <p><input type="checkbox"/> American Indian or Alaskan Native: Origins in the original people of North America</p> <p><input type="checkbox"/> Asian : Origins in the Far East, Southeast Asia, and the Indian subcontinent.</p> <p><input type="checkbox"/> Black: Origins in any of the black racial groups.</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander: Origins in Any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands./</p> <p><input type="checkbox"/> White : Origins in Europe, North Africa or the Middle East.</p> <p><input type="checkbox"/> Two or more races.</p>	<p>Educational Level</p> <p><input type="checkbox"/> Grade School <input type="checkbox"/> Some College</p> <p><input type="checkbox"/> Some High School <input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Trade Certificate <input type="checkbox"/> Master's/CPA/JD</p> <p><input type="checkbox"/> Occ/Voc Post Sec. Prog <input type="checkbox"/> Doctorate</p> <p>Directory Information</p> <p>Home Phone No. (____) _____ - _____</p> <p>Office Phone No. (____) _____ - _____</p> <p><input type="checkbox"/> I do <input type="checkbox"/> I do not consent to the release of my home address and home phone number</p>	
<p>Citizenship Information</p> <p>Are you a citizen of the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what is your country of citizenship? _____</p> <p>If not a U.S. citizen, what is your status?</p> <p><input type="checkbox"/> Resident Alien</p> <p><input type="checkbox"/> Nonresident Alien</p>	<p>Paycheck or Direct Deposit Advice Location Designation</p> <p>Indicate the location to which your paycheck or direct deposit advice is to be sent:</p> <p><input type="checkbox"/> Signal Peak Campus <input type="checkbox"/> Aravaipa Campus</p> <p><input type="checkbox"/> Superstition Mountain Campus <input type="checkbox"/> Casa Grande Center</p> <p><input type="checkbox"/> Coolidge Center <input type="checkbox"/> Maricopa Center</p> <p><input type="checkbox"/> Corporate Center <input type="checkbox"/> Florence Center</p>	

Retirement Program Participation

Are you currently a contributing member of the Arizona State Retirement System (ASRS)?

Yes

No If yes, what district? _____

Are you currently retired and receiving annuity payments from the Arizona State Retirement System?

Yes

No If yes, on what date did you retire with ASRS? _____

Service Retiree

Disability Retiree

Are you currently on a retiree work-agreement program?

Yes No

Employee's Signature

Date