MORENO VALLEY COLLEGE

Student Employment

New Hire Checklist

Program Type (Check One)
- ☐ Department-Funded
- ☐ Federal Work Student
- ☐ CalWorks Matched program
- ☐ LAEP

Student ID Number:_____

Student Last Name:_____**First Name:**_____

Hiring Dept/Site:_____

Must Complete this section if you checked Federal Work Study/CalWorks as a Program Type above:

1. **Completed 24/25 FAFSA Application?** ☐ **Yes** ☐ **No**
2. **Completed Financial Aid File?** ☐ **Yes** ☐ **No**
3. **Approved for CalWORKs Work Study Funds?** ☐ **Yes** ☐ **No CalWorks Counselor Signature:**_____

Students may NOT work UNTIL a HIRE DATE has been provided in WRITING

You will need the following forms completed correctly and submitted to Student Employment Office before hiring can be finalized.

Employee Initials (*optional*)

____ 1. Completed online application for the department with RCCD (*optional)*

____ 2. Offer of employment was made, signed and dated on the MVC Hire Slip. **Ensure a pay rate is included and you have received the Terms and Conditions of Employment BEFORE you sign.**

____ 3. Completed Employee Information Form

____ 4. Current year W-4 Form and DE-4 forms must match (P.O. Boxes cannot be used for an address)

   a. **Your name on line 1 should match your name on your social security card.**

   b. **Cannot have mistakes or use white-out. If mistakes are made, you must start over with a new form.**

____ 5. Complete and sign the I-9 form with Student Employment (establishes work eligibility)

____ 6. *Signed social security card **(card must be signed before submitting)**

____ 7. *Current photo ID showing Date of Birth (DOB)

***Please bring your original Social Security card and Unexpired photo ID to Student Employment for verification and to obtain a copy**

____ 8. TB test results within 60 days of hire (if required from department)

____ 9. Current Riverside County Food handler's certification card **(Required only for Food Services Workers)**

____ 10. Live Scan (fingerprinting) appointment completed **(if required by department)**

____ 11. Complete and sign the Sick Pay Acknowledgment Form

____ 12. Signed FERPA Agreement

____ 13. Designation of Beneficiary Form

   a. **Make sure you provide your designated beneficiary's social security number OR photo ID number (Both are not required)**

   b. **Make sure you provide designated beneficiary's FULL mailing address**

   c. **Witnesses cannot be related to the employee or beneficiary (Must provide 2)**

____ 14. Direct deposit form should be complete with voided check or statement attached (recommended but not required)