MORENO VALLEY COLLEGE

STUDENT EMPLOYMENT
EMPLOYEE INFORMATION FORM

(Please **print** neatly or **type)**

Academic Year 2024/2025

I. Personal Information

1. Student's Name **(As written on Social Security Card)**

Last:_____ First:_____Middle:_____

2. Other name(s) used at this school:_____

3. Street Address: _____ City, State, Zip Code:_____
Street Address or P.O. Box

4. Last 4 digits of SS# : -_____5. Telephone Number: (_____) _____ - _____

6. Age: _____ 7. ☐ Male ☐ Female 8. Date of Birth (mm/dd/yyyy): _____/_____/_____

9. E-Mail Address:_____

10. **Emergency Contact**: Last Name:_____First Name:_____
(Mandatory)

Relationship to you:_____ Daytime Phone Number: (_____) _____ - _____

11. I have enrolled or plan to enroll in the following number of units for the following terms: _____Fall _____Winter _____Spring _____Summer

12. Name of department/hiring site:_____

13. Name of hiring supervisor:_____

II. Please read and initial

_____ I understand I must maintain a minimum half-time enrollment (6.0 units for Fall/Spring, and 3.0 units for Summer and Winter). If I drop below these requirements, I understand I will be asked to stop working.

_____ I understand I must maintain a minimum 2.0 cumulative GPA. I understand that if I fall below half-time enrollment and/or my cumulative GPA falls below a 2.0, **I will be asked to stop working or dismissed from my position**.

_____ I understand that the hiring department/site or its funding is subject to change and may result in my dismissal from my position.

_____ I understand that I am limited to working no more than 8.0 hour per day, and no more than 20 hours per week.

_____ I understand my timesheet of hours worked, must be submitted for signature to my supervisor at the end of every month and is due in the Student Employment office on the 1st business day of the following month. (see payroll calendar due dates).

_____ **I understand that I cannot work until ALL paperwork is completed and processed by the Student Employment Office and written notification has been sent to my supervisor. My supervisor will contact me when my employment can begin. If I work prior to my employment authorization I may not be paid on time.**

III. Sign and Date

I certify that all of the above information is true and accurate to the best of my knowledge.

Employee's Signature: _____ **Date:** _____

Original to MVC Student Employment

****Please do Not retain copies due to Confidential information on this form.**