

**Southeastern California Conference  
STUDENT WORKER DATA COLLECTION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sex:  Male  Female

Ethnicity:  American Indian/Alaskan Native  Black or African American  Asian  White  
 Native Hawaiian or Pacific Islander  Hispanic or Latino  Two or More Races

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Following document MUST accompany this form:**

- I-9 Form  Work Permit (Required every school year)  
 W-4 Form  Conflict of Interest form

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**(BUSINESS OFFICE USE ONLY)**

Worker's Permit  
Beginning Date: \_\_\_\_\_  
*(Use PAR Student - for returning student worker)*

Worker's Permit  
Ending Date: \_\_\_\_\_

Rate per hour: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dept. Account: \_\_\_\_\_

(Please mark one)

Job Duties:  Clerical  Custodial/Maintenance  Other \_\_\_\_\_

Education

Payroll / School

Human Resource