

**Southeastern California Conference
STUDENT WORKER DATA COLLECTION**

Yes

Full Legal Name: _____ Returning Student Worker: No

Home Address: _____

City, State Zip Code: _____

Mailing Address (if different) _____

City, State Zip Code: _____

Phone: _____ Home Mother
 Celll Parent Phone: _____ Father

E-mail Address: _____

Date of Birth: _____ Age: _____ Social Security #: _____

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

Student 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

(BUSINESS OFFICE USE ONLY)

Start Date: _____

End Date: _____

Rate per hour: \$ _____

Supervisor's Name: _____

Local Department: _____

Job Duties: Clerical Custodial/Maintenance Other _____

Signature of School Official

Date

Education

Payroll / School

Human Resource

10/2019