COMMUNITY COLLEGE
OF RHODE ISLAND

Office of Human Resources

ADJUNCT FACULTY INFORMATION FORM
(For Newly Hired and Returning Adjuncts Teaching Credit Courses Only)*

PART I - To be filled out by the employee *(please print clearly)*

Social Security #: _____

Name: _____ **Maiden Name:** _____

Address: _____

City, State, Zip: _____ **Phone:** _____
Listed ☐ Unlisted ☐

Gender: ☐M / ☐ F **Birth Date:** _____

Ethnicity: ☐White ☐Black ☐Hispanic ☐American Indian/Alaskan Native ☐Asian American/Pacific Islander

☐ **Yes /** ☐ **No** I am a State employee participating in the State Pension Program (ERS).

Where did you learn of this job opportunity? *(check one of the following)*
☐ CCRI Website ☐ Referral ☐ Adjunct Recruitment Fair
☐ Publication (please list) _____ ☐ Other (please list) _____

I attest, under penalty of perjury, that I am *(check one of the following)*:
☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A _____
☐ An alien authorized to work until: _____
(Alien # or Admission #) _____

☐ **Yes /** ☐ **No** Have you ever been convicted for any offence? (Conviction is not an automatic bar to employment. Each case is considered on its individual merits.)

In the space below, give date and location. Indicate felony or misdemeanor. Lack of explanation is a basis for rejection. **NOTE: In some instances, a plea of 'nolo contendere' may not be considered a conviction. Refer to RI General Law 12-18-3**.

Employee Signature: _____ **Date:** _____
Note: Employment may be terminated prior to the end of the authorized period based on College priorities and/or fiscal constraints.

PART II – To be filled out by the Department Chair or Designee

Department Budget Organization Number: _____

Course(s) name and number(s): _____

Period of employment: Fall Semester _____ Spring Semester _____
Summer Semester_____ (Please list Session I or II)

Chair/Designee Signature: _____ **Date:** _____

Please note that the Department will not be able to assign courses to the Adjunct Faculty member through Banner and the Adjunct Faculty member will not be able to obtain a MyCCRI username until all information is completed, signed, and returned to the Office of Human Resources and entered into Banner. Thank you.

***If there is a lapse of employment at CCRI of one year or more, please complete all hiring paperwork.**
http://www.ccri.edu/pers/Monthly_Lecturers/hrfrms.shtml Revised 9/10

Knight Campus
400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2311 F: 401.825.2345