
TEMPORARY EMPLOYMENT INFORMATION**Application Process**

In order to be considered for temporary employment with NC State University you must complete a Temporary Employment Application for each vacancy. The application must be completed fully and submitted to the campus hiring department per instructions provided in the vacancy posting. Incomplete applications will not be processed. If you have questions about the application process contact the campus hiring department directly.

Please be sure to include your education, work experience, and job skills that are related to the vacancy for which you are applying. This information will be used to determine if you meet the basic qualifications for the position and to evaluate your competitiveness versus other job applicants.

Pay

Temporary employees are paid on a bi-weekly basis and must receive pay by direct deposit to a financial institution of their choice. The University follows the provision of the Fair Labor Standards Act for paying overtime as warranted to subject employees.

Appointment Length Restriction

The position for which you are applying is temporary and is based upon the needs of the hiring department. State policy restricts temporary employment to a maximum of 12 months. This applies to temporary employees working 20 hours or more per week on a recurring basis. Retirees and students as well as temporary employees who work only intermittently or who work fewer than 20 hours per week are not affected by the 12 month limit.

Proof of Employability

Federal law requires each new employee to complete the "Employee Information and Verification" section of the Federal Form I-9 and to submit certain original documents for examination in order to verify and certify identification and employment eligibility. This information must be provided to the hiring department on or before your third working day in the temporary position.

PERSONAL INFORMATION

Position Title _____ Position Number _____ Date _____

First _____ Middle _____ Last _____ Preferred _____

Home Phone _____ Other Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Are you entitled to work in the United States? No Yes

Do you have a valid driver's license? Yes No If yes, list number and state _____

Are you related by blood or marriage to any person(s) employed by the University? No Yes

If yes, list the name, relationship, and department _____

If subject to Military Selective Service registration, certify compliance by initialing here _____

EDUCATION

High School _____ City/State _____ Highest Grade Completed _____ Did you graduate? Yes No

College/University _____ City/State _____ Degree Earned _____

Major _____ Number of Hours Completed _____ Sem./Qtr. Hours _____ Did you graduate? Yes No

College/University _____ City/State _____ Degree Earned _____

Major _____ Number of Hours Completed _____ Sem./Qtr. Hours _____ Did you graduate? Yes No

CONVICTIONS

Have you ever been convicted of any unlawful offense other than a minor traffic violation? This includes DUI/DWI, worthless check, violations of local ordinances or state statutes that resulted in a fine or incarceration, misdemeanors, felonies, etc. Guilty verdicts, guilty pleas, prayers for judgement (PJC), and "no-contest" pleas must be included unless the convictions have been expunged from your record.

Yes No

If yes, list below the date(s), county(ies), state(s), and specific crime(s). Use continuation sheet if needed. A previous conviction will not automatically disqualify you from employment; however, failure to provide complete and accurate information is considered "falsification," and your application will be removed from consideration. If falsification occurs and you are currently employed, you may be subject to disciplinary action up to and including termination of employment. **If you are unsure of your conviction history please verify prior to answering.**

Date	County	State	Crime

EMPLOYMENT HISTORY

You must complete this section. Do not mark "see resume." Include volunteer and military service, if applicable.

If currently employed, may we contact your current employer regarding your work experience and qualifications? Yes No

Has disciplinary action ever been taken against you or have you ever been asked to resign from a job? Yes No

If yes, explain. _____

Most Recent Position _____ Employer Name _____

Employer Address _____ Dates Employed From: _____ To: _____

Supervisor's Name _____ Employer Contact Number _____

Starting Salary _____ Ending Salary _____ Are you still employed? Yes No Full-time position? Yes No

Why did you leave or why do you wish to leave? _____

Describe your primary job duties. _____

Previous Position _____ Employer Name _____

Employer Address _____ Dates Employed From: _____ To: _____

Supervisor's Name _____ Employer Contact Number _____

Starting Salary _____ Ending Salary _____ Are you still employed? Yes No Full-time position? Yes No

Why did you leave? _____

Describe your primary job duties. _____

EMPLOYMENT HISTORY (CONTINUED)

Previous Position _____ Employer Name _____

Employer Address _____ Dates Employed From: _____ To: _____

Supervisor's Name _____ Employer Contact Number _____

Starting Salary _____ Ending Salary _____ Are you still employed? Yes No Full-time position? Yes No

Why did you leave? _____

Describe your primary job duties. _____

ADDITIONAL INFORMATION

List any specialized skills or computer software knowledge you possess that are relevant to the position for which you are applying (Ex: MS Word, Excel, Access, PowerPoint, Groupwise, PeopleSoft etc).

List any licenses you possess or training programs you have attended recently that are relevant to the position for which you are applying.

AFFIRMATION

I attest that the information I have provided on my application materials (application, resume, etc.) is to the best of my knowledge and ability, up-to-date and accurate. I authorize institutions, employers, associations, registration and licensing boards, and others to furnish whatever details are available concerning my qualifications. I authorize investigation by NC State University of all statements made by me and will not hold any parties disclosing information for this reason liable. I understand that false information or a failure to disclose relevant information may be grounds for termination, disciplinary and/or criminal action.

By signing below, I certify that I have read and agree with the above statements.

Signature _____

Date _____

**EQUAL OPPORTUNITY INFORMATION
VOLUNTARY DEMOGRAPHIC DATA**

Discrimination on the basis of race, sex, color, creed, religion, national origin, age, disability or veteran status is prohibited at NC State University. Sex or age or absence of a disability may be a bonafide occupational requirement in a small number of jobs. The information requested below will not affect you as an applicant. The information will be retained to ensure that the University's recruitment efforts are reaching all segments of the population.

NC State University regards discrimination on the basis of sexual orientation to be inconsistent with its goals of providing a welcoming work environment in which all of its students, faculty, and staff may learn and work up to their full potential. The University values the benefits of cultural diversity and pluralism in the academic community and welcomes men and women of good will without regard to sexual orientation.

Gender:

- Female
 Male
 Do not wish to disclose

Ethnic Group:

- White (Non-Hispanic)
 Black/African American (Non-Hispanic)
 Hispanic/Latino
 Asian
 American Indian (including Alaskan Native)
 Hawaiian or Pacific Islander
 Do not wish to disclose

Date of Birth: _____

Print Form

TO BE COMPLETED BY THE HIRING DEPARTMENT

Position Title _____ Position Number (if applicable) _____

Position Type:

- SPA Permanent EPA Non Faculty EPA Time Limited or Waiver
 Temporary Faculty Volunteer
 UTS Temp County Extension Special Access

Background Checks Required:

Please select all that apply.

- Criminal and Sex Offender
 Credit
 Driving

Department Entomology College/Division CALS

Contact Name Michele Sabatelli Phone Number 515-2747

Email mmsabate@ncsu.edu

Contact Name _____ Phone Number _____

Email _____

For Auxiliary Funded Positions: Project Number and Percent Project Number and Percent Project Number and Percent

NOTE: Hiring Department must complete the "return date" below.*

TO BE COMPLETED BY FINALIST CANDIDATE: Background checks will be used only to evaluate candidates/employees for employment purposes and will not be used to discriminate on the basis of race, color, national origin, religion, sex, disability, age, veteran's status or sexual orientation.

FINALIST CANDIDATE: RETURN TO HR-BACKGROUND CHECK PROGRAM BY THIS DATE: *

First Name _____ Middle Name _____ Last Name _____

Do you currently work for NC State University? Yes No If yes, are you Permanent Temporary?

Department _____ Contact Name _____ Phone Number _____

Social Security Disclosure: To ensure the security and confidentiality of your information, only complete the Social Security Number section below if you fax, mail, or deliver this document.

If you email this document please call 919-513-4424 with your Social Security Number.

Social Security Number _____ Other Social Security # used in past _____

Date of Birth _____ Race _____ Gender Male Female

Driver's License Number _____ Expiration Date _____ State of Issue _____

Home Number _____ Cell Phone _____ Other Phone _____

Current Address

Street Number and Name _____

City _____ State _____ Zip Code _____

Permanent Address

Street Number and Name _____

City _____ State _____ Zip Code _____

INTERNATIONAL RESIDENCE

Have you ever lived outside the United States of America? Yes No If yes, the following information is required for identification. Please provide a complete physical address.

Name (s) Used	Street Address	City	Country	From Date	To Date

UNITED STATES ADDRESS OTHER THAN NORTH CAROLINA OR OTHER NAMES USED-FILL IN BELOW IF YOU:

1. have been known by **any other name** to include legal name change, married, alias, surname, family name, etc.
2. have **lived outside of NC** (do not include international address in this section.) (Use continuation page if necessary.)

Name (s) Used	City	County	State	From Date	To Date

EDUCATION VERIFICATION

Highest Degree Earned	Name of College/University	City/Province	State/Country	Year Earned

CONVICTIONS: Have you ever been convicted of any unlawful offense other than a minor traffic violation? This includes DUI/DWI, worthless check, violations of local ordinances or state statutes that resulted in a fine or incarceration, misdemeanors, felonies, etc. Guilty verdicts, guilty pleas, prayers for judgments (PJC), and "no-contest" pleas must be included unless the convictions have been expunged from your record.

Yes No

If yes, list below the date(s), county(ies), state(s) and specific crime(s). Use continuation sheet if needed. A previous conviction will not automatically disqualify you from employment. However, failure to provide complete and accurate information is considered "falsification," and your application will be removed from consideration. If falsification occurs and you are currently employed, you may be subject to disciplinary action up to and including termination of employment. **If you are unsure of your conviction history please verify prior to answering.**

Date	County	State	Conviction

Authorization to Conduct Background Check: I hereby certify that all the information I have provided on this Disclosure and Release Form is true and complete. I understand that the electronic submission of my Authorization indicates my consent to the University's verification of any information contained in this Authorization. I understand that by admitting to a conviction for any unlawful offense, I will not be disqualified automatically from consideration for employment. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the University complies with State law and is required to terminate my employment if false or misleading information is given in order to meet the requirements for the position involved.

Signature _____ Date _____

Return completed form to Background Check Program and notify the hiring department contact when the form has been sent/delivered to HR.

2711 Sullivan Drive Box 7210
 Raleigh, NC 27695-7210
 Fax: (919) 513-0274
 E-mail: background_checks@ncsu.edu
 AA/EOE

Print Form

I am accepting a temporary position with North Carolina State University. I understand that the 12-month employment time limit for temporary employees does not apply to students or retirees who certify their status and agree to the following terms below:

STUDENT STATUS

_____ **(Initials)** I certify that I am enrolled in a post-secondary education institution. My student status is primary, and my working relationship is secondary to my role as a student. I understand that it is my responsibility to notify my supervisor if my status as a student changes.

I am enrolled at:

- North Carolina State University.
 a University within the UNC System.
 another post-secondary institution.

RETIREE STATUS

_____ **(Initials)** I certify that I am a retiree receiving retirement income and/or social security benefits. I am not available for nor seeking permanent employment.

I am a retiree of:

- North Carolina State University.
 the State of NC.
 Other.

TERMS

Electronic submission of this form indicates I understand that as a temporary employee, regardless of my length of service, I will not receive retirement credit, leave benefits, health insurance, or other state benefits. I also understand that if separated, I will not receive severance pay or priority re-employment consideration. I also understand that temporary employees are free at any time to seek employment that does provide benefits (with the State or otherwise).

SIGNATURES

 Department

 Employee Name (Print)

 Employee Signature

 Date

 Supervisor Signature

 Date

Keep in department file.

Print Form

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>
NCSU 2313 Gardner Hall, Raleigh NC 27695		

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Personal Information Form (PIF)
Temporary/Part Time

This form must be completed by the employee and submitted to HRIM for every new hire. This information is used to create your personnel record in the University's HR information system. Individual information is treated in confidence and released only in accordance with law. Fields with an asterisk (*) are required.

NAME & HOME ADDRESS

Please enter your name as it appears on your Social Security card.

First Name* _____ Middle* _____ Last Name* _____
 Employee doesn't have a middle initial

Name Prefix none Dr. Mr. Name Suffix none I II
 Mrs. Ms. Miss Preferred Name _____ III IV Esq.
 (For campus directory) PhD Sr. Md

Permanent Address* _____
 City* _____ State* _____ Postal/Zip* _____ Country* _____
 Home Phone* _____ Other Phone _____ Home E-mail Address _____

BIOGRAPHICAL INFORMATION

Gender* Male Female Date of Birth* _____ Military Status _____
 Primary Ethnic Self-Identification* MM/DD/YYYY
 Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Primary Racial Self-Identification*
 Asian - Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
 Black or African American - Having origins in any of the black racial groups of Africa
 White or Caucasian - Having origins in any of the original peoples of Europe, the Middle East, or North Africa
 American Indian or Alaska Native - Having origins in any of the original peoples of the original peoples of North, Central, or South America, and maintaining tribal affiliation or community attachment.
 Tribal Affiliation _____
 Native Hawaiian or Other Pacific Islander - Having origins in the original peoples of Hawaii, Guam, Samoa, or Pacific Islands

OTHER INFORMATION

I-9 Code _____ I-9 Date _____ Highest Education Level _____
 Disability Status Disabled Disabled Veteran Marital Status Married Single

NCSU BUSINESS/CAMPUS LOCATION

NCSU E-mail Address* _____ Home Department* _____
 Building* _____ Room #* _____ Campus Box #* _____ Primary Business Phone _____

OTHER ADDRESS OR LOCATION (such as a dorm or local address if different from above)

Other Address _____ Country _____
 Other address, City, State, Zip Code
 Other Phone _____ Other Cell or Pager _____ Other E-mail Address _____

EDUCATION

Start with the MOST RECENT or HIGHEST DEGREE AWARDED

Institution* _____ City, State, Country* _____
 Number of _____ Degree _____ If awarded: _____ Major Field
 years completed* _____ Awarded?* Yes No Degree, Month & Year _____ of study _____

Institution _____ City, State, Country _____
 Number of _____ Degree _____ If awarded: _____ Major Field
 years completed _____ Awarded?* Yes No Degree, Month & Year _____ of study _____

CITIZENSHIP STATUS* (Select One)

- Native or naturalized citizen of the U.S.
 Lawful permanent resident of the U.S.
 Foreign National/Non-Resident Alien, authorized to work in the U.S.

Country of Citizenship _____ VISA type _____
 Country of Birth _____ VISA valid until _____

PREVIOUS NORTH CAROLINA EXPERIENCE

Have you ever previously worked for NC State University?* Yes No If yes, dates worked _____
 Have you ever previously worked for another UNC Yes No If yes, dates and
 System Institution?* _____ institution _____
 Have you ever previously worked for the State of Yes No If yes, dates and
 North Carolina?* _____ agency _____
 Have you ever been enrolled as a student at Yes No If yes, dates enrolled _____
 NC State University?*

SELECTIVE SERVICE STATUS* (Required under NC Gen Statutes 143B-421.1)

Do you certify that you are registered with the U.S. selective service?* Yes No

If **NO**, is it because: (select one or more)

- You are female? Yes No
 You have not yet reached your 18th birthday? Yes No
 You are 26 years of age or older? Yes No
 You are a lawful non-immigrant alien? Yes No
 You are a permanent resident of the Trust Territory of the Pacific Islands of the Northern Mariana Islands? Yes No
 You are in the U.S. armed services on active duty? Yes No

PERSONAL INFORMATION

Emergency Contact _____ Phone _____ Relation _____
 Name _____

Are you related, by blood or marriage, to any employee of NC State University? Yes No _____
 If yes, please give name and title of relative(s), and your family relationship to them.

SIGNATURE

I certify that the required (*) information provided on this form is accurate and that misrepresentation or omission of material fact(s) represents grounds for employment action, up to and including separation from employment, if discovered at a later date. I authorize NC State University to investigate and verify, without liability, all statements provided on this form.

Employee _____ Date _____ HR Use Only
 EMPLID _____

NORTH CAROLINA STATE UNIVERSITY

DEPARTMENT OF ENTOMOLGY

HAZARD COMMUNICATION TRAINING

EMPLOYEE NAME _____

SUPERVISOR _____

DATE OF EMPLOYMENT _____

EMPLOYEE ID _____

Please go to the following website to complete the training online:

<http://www.ncsu.edu/ehs/hazcom/hazcom.htm>

**Print the page showing that you completed the training and return to
your supervisor.**

SUPERVISORS: Please review each relevant item with your new Entomology employee to ensure a safe and healthful workplace. Check off items as information is explained to the employee or note "NA" for not applicable. Environmental Health and Safety requires that this form be completed and signed BEFORE the employee is allowed to start work.

Employee _____ Hire Date _____

Department _____ Job Title _____

Supervisor _____ Box # _____

SAFETY

_____ 1. Review hazardous elements specific to job (chemicals; discuss routes of entry and effects of overexposure, extreme heat; machinery; etc)

_____ 2. Review engineering controls designed into operation (guards, exhaust, ventilation, hoists, lifts, etc)

_____ 3. Review administrative controls in effect (limited exposure time, rotating jobs, distance from operation, etc)

_____ 4. Review applicable safe work procedures (proper lifting techniques, two-man jobs, etc)

_____ 5. Distribute and review use of personal protective equipment required (explain why equipment is needed)

_____ 6. Review Health and Safety manual

_____ 7. Review written Hazard Communication program and MSDS for chemicals specific to the operation

_____ 8. Review Lockout/Tagout program

_____ 9. Review Safe Operating Procedures (SOPs) for equipment employee will be expected to use

FIRE

_____ 1. Review evacuation procedure in case of fire or disaster (walk employee through primary and secondary emergency exit routs for his/ her work area

_____ 2. Identify all fire extinguishers, type of fire to be used on and review fire extinguisher operation

_____ 3. Identify all fire alarm pull boxes

HEALTH

_____ 1. Identify first-aid stations and services/equipment available

_____ 2. Inform employee of person(s) to contact in case of emergency

_____ 3. Identify emergency response personnel

_____ 4. Review employee right-to-access exposure and medical records

ACCIDENT REPORTING

_____ 1. Review accident/incident reporting procedure (encourage employee to bring to your attention any unsafe conditions or unsafe work practices)

_____ 2. Review rights and internal assistance available with regard to worker's compensation

Supervisor's Signature

Supervisor Print Name

Date _____

Employee's Signature

Date _____

(SUPERVISOR: Please retain a copy for your records and send original to Bookkeeping Office)

EMPLOYEE NAME _____ HIRE DATE _____

SUPERVISOR FORM FOR NEW HIRE

Immediate Supervisor: _____

Job Title (Choose one):

	TITLE	PAY RANGE
_____	T100 Accounting Support	\$5.15-15.00
_____	T140 Office Support	\$5.15-12.00
_____	T500 Information Technology Support	\$5.15-15.00
_____	T520 Information Technology Specialist	\$5.15-26.00
_____	T640 Research & Laboratory Support	\$5.15-14.00
_____	T660 Research & Laboratory Specialist	\$5.15-22.00
_____	T670 Agricultural Support	\$5.15-14.00
_____	T680 Agricultural Specialist	\$5.15-18.00

RATE OF PAY \$ _____ SOURCE OF FUNDS _____

FTE - _____ <10hrs _____ <20hrs _____ <30hrs _____ ~40hrs

JOB RESPONSIBILITIES: *See Attached Temporary employee vacancy request email.*

Availability for work:

Please note hours available for work each day: (example 8am-5pm)

Saturday: _____ Tuesday: _____ Friday: _____
 Sunday: _____ Wednesday: _____ Avg. Work Wk Hours _____ hrs
 Monday: _____ Thursday: _____ Lunch break _____ mins.

Temporary Category Definition/Use CHOOSE ONE

1. _____ **Student, NC State** - Temp employees who are enrolled for the current or upcoming semester at NC State University. Student status must be primary (i.e. working relationship is secondary to student role).
2. _____ **Student, UNC System** - Temp employees who are enrolled for the current or upcoming semester in one of the universities within the UNC System. Student status must be primary (i.e. working relationship is secondary to student role).
3. _____ **Retiree, NC State** - Temp employees who are retirees of NC State University.
4. _____ **Retiree, State of NC** -Temp employees who are retirees of the State of North Carolina.
5. _____ **Intermittent** - Temp employees who work occasional or sporadic assignments, not to exceed 9 months of employment during any continuous 12-month period.
6. _____ **Continuing Part-Time** - Temp employees who regularly work less than 20 hours per week.
7. _____ **Temporary** - All other temporary employees not categorized above. 12-month employment time limit applies. **Planned exit date required:** _____.
8. _____ **Student, Other** - Temp employees who are enrolled for the current or upcoming semester in a post-secondary institution outside of the UNC System. Student status must be primary (i.e. working relationship is secondary to student role).
9. _____ **Retiree, Other** - Temp employees who are retirees receiving Social Security benefits or drawing retirement income from some other source.

Employee Signature _____

Supervisor Signature _____

A message from NC State University Payroll Department

Welcome! Here are the two (2) things you need to do as a new employee to ensure the smooth processing of your paycheck

1) Set up your direct deposit. As a condition of employment, all individuals paid through the NC State University Human Resources System **must** participate in the Direct Deposit Program. To enroll in the Direct Deposit Program simply follow these easy steps:

- Go to the NCSU homepage (www.ncsu.edu)
- At the very top of the homepage, there is a link to "MyPack Portal"
- Log into the MyPack Portal, using your Unity ID* and password**[instructions below]
- Click on "Employee Self Service"
- "Direct Deposit Enroll/Update" is located in the column titled "Payroll and Compensation" on the "Employee Self Service" page
- Enter your banking information here, being careful to enter the numbers correctly. An error will result in a delay in you receiving your paycheck.

2) File your withholding tax forms on line. The default tax setting for all new employees is marital status = single with zero personal allowances claimed. If you wish to claim something other than "Single, Zero", you need to complete a new W-4 and/or NC-4 form. To file new forms on line, simply follow these steps:

- While still in the "Payroll and Compensation" section on the "Employee Self Service" tab of the MyPack Portal:
- Select the "NC4/W4 Tax Application"
- From this page, you can view your current Federal and State Income Tax withholding status, make changes to one or both, and submit them electronically
- You can even print out a copy of what you submitted

*** Unity ID and ** Password**

* Your Unity ID is usually the first initial of your first name, the first initial of your middle name and the first six letters of your last name, all in lowercase. If your last name has less than six letters use your full last name. John B Smith would be jbsmith.

**Your start up password is the last four digits or your nine digit employee ID number followed by the two digit month and two digit day of your birthday. You will be instructed to change your password the first time you log in.

If you have problems logging into the MyPack Portal, please contact the NC State Help Desk at 515-4357.

For further information on Employee Self Service, a list of payday, and other helpful information please visit the University Payroll website: www.ncsu.edu/hr/payroll/