



The Hiring Process

February 2013

DISCLAIMER

The training manual presented here is for guidance and reference purposes only. It is of a general informational and educational nature. Policies and procedures may change. You should consult the Department of Public Safety Human Resources Manual, the Office of State Personnel Manual, or the Department of Public Safety Office of Human Resources for the most current information.

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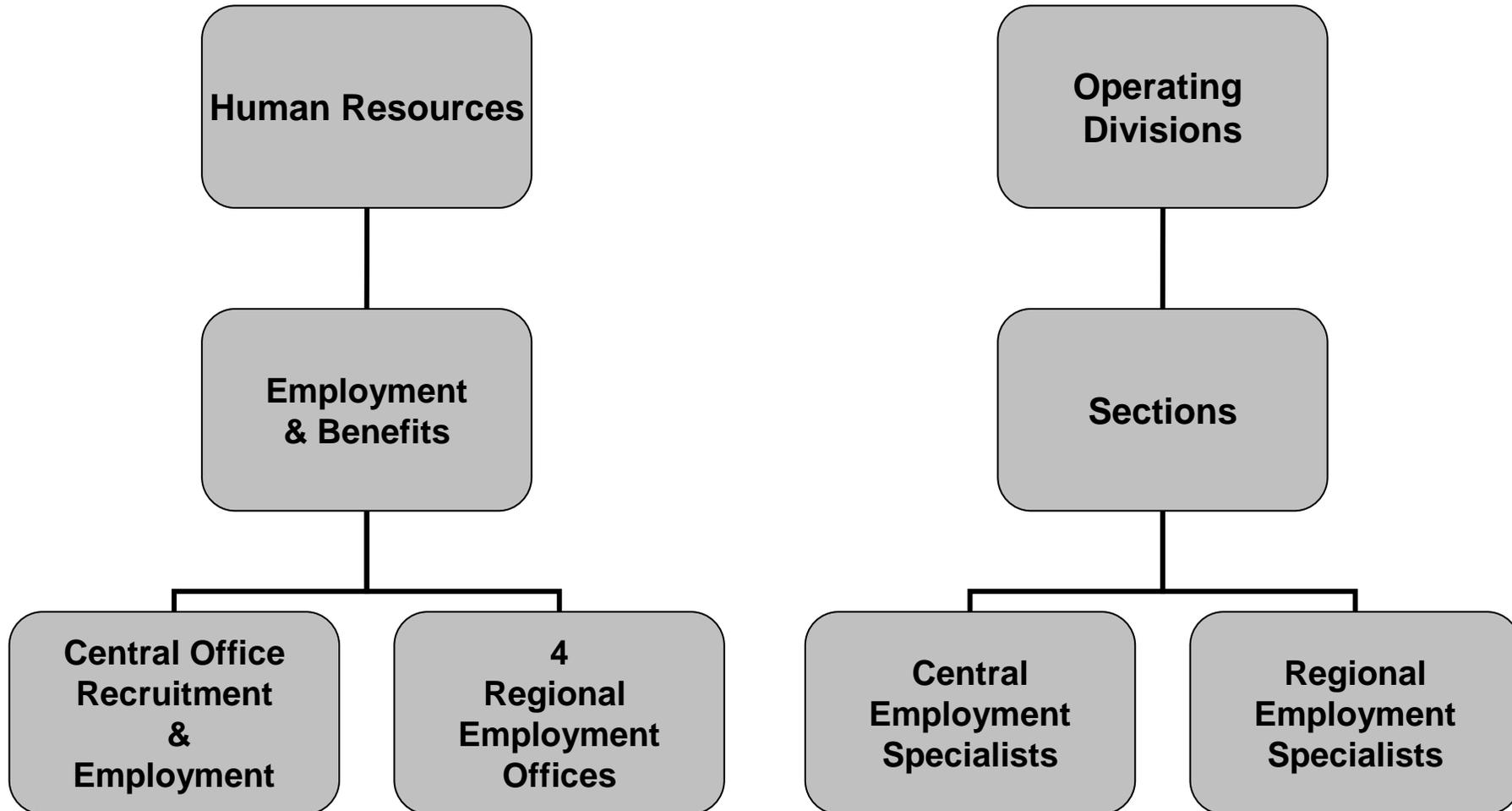
TABLE OF CONTENTS

The Hiring Process Objectives	1
Recruitment and Employment Activity	2
4 Phases of the Hiring Process	5
Posting a Position	7
Supplemental Questions	10
Essential Job Functions	12
Sample Essential Job Functions	13
Sample Benchmarked Interview Questions.....	16
Screening	17
Sample Vacancy Posting	18
Sample Referral Log and Application	21
Interview Checklist.....	27
Essential Job Functions Verification	28
Criminal History Record Check	31
Applicant Checklist of Employment Requirements.....	33
Interview Rating	37
Interview Summary	42
The Interview Process and Procedures.....	45
Professional Reference Check.....	48
Request for Candidate Pre-Approval.....	50
Education and Work History Credit Worksheet.....	52
Competency Assessment	53
Phase II: The Approval Phase	55
Determining A Salary	56
DocuSign	57
Phase III: The Conditional Offer	59
Conditional Offer Letter	60
DPS Employment Statements.....	61
I-9 Employment Eligibility Verification	63
Essential Job Functions Verification	69
Request for Reasonable Accommodation	71
Mandatory Direct Deposit Notification.....	72
Direct Deposit Enrollment and Change Form	73
Form W-4 Employee Withholding Allowance Certificate.....	74
NC-4 Employee Withholding Allowance Certificate.....	76
Beacon Data Form	78
Prior Service Form.....	80
Degree Verification Request Form.....	82
Personnel Action Request (PAR)	83
The Hiring/Employment Package	85
Sample Final Offer Letter.....	87
Sample Notification of Non-Selection	88
Applicable Policies and Resources.....	89
DPS Hiring Process Workflow.....	90
DPS Hiring Process Details Checklist.....	91
DPS Human Resources Staff Directory	93

The Hiring Process Objectives

1. Identify the 4 Phases of the Hiring Process
2. Identify the requirements for each Phase of the Hiring Process.
3. Identify the forms required for each Phase of the Hiring Process.
4. Identify the workflow associated with each Phase of the Hiring Process.
5. Understand the procedures for completing reference and criminal checks.
6. Understand the procedures for requesting pre-approval of the selected candidate and salary.
7. Understand the procedures and requirements for Conditional Offer of Employment.
8. Understand the HR procedures for Final Approval and BEACON/SAP processing.

Recruitment & Employment Activity



Recruitment & Employment Activity

Central HR

Post & Screen
Pre-Approval & Salary
Final approval
Files

REOs

Post & Screen
Pre-approval & salary
Certification Requirements
Final Approval
Files

Empl Spec

Post & Screen for section
Files

All three are not the same – Employment Specialists do NOT set salary, handle certification requirements or have final approval authority; therefore, those with Employment Specialists are STILL assigned to either central R&E or an REO

Section Assignments

R&E

AC Admin
Alcohol Chem Dep
Combined Records
Div of Admin
Div of LE
Enterprise
Extradition
JJ Admin
Parole Commission

REOs

Community Corrections
Court Services
Detention Centers
Prisons
Youth Dev't Centers

Empl Spec

Alcohol Law Enforcement
(sworn only)
Community Corrections
Enterprise
Prisons
State Highway Patrol

All sections under Employment Specialists are also under an HR office as Employment Specialist post & screen but hiring decisions are forwarded to the assigned HR office.

4 Phases of the Hiring Process

I. Post, Screen, Select

- Post Position & Screen Applicants
- Interview & Screening Tools
- References & Criminal Check
- Select Candidate

II. Approval

- HR Pre-Approval & Establish Salary
- DPS Approval Signatures

III. Conditional Offer

- Conditional Offer, I-9, E-Verify
- Final Approval & Identify Start Date

IV. Employee Start & Set-Up

- Employee Starts; BEACON/SAP Set-up
- Recruitment Close-Out
- HR Follow-Up

Phase I:

Post / Screen / Interview / Select

Post Position & Screen Applicants

- Request to Post submitted
- Screen Applicants
- Referred List to Manager

Interview & Screening Tools

- Interviews scheduled
- Interviews conducted
- Forms completed
- Screening tools/pre-COE tests

References & Criminal Background

- Professional references
- Criminal background check

Select Candidate

- Candidate Selection Decision
- Within work location approvals



DPS POSTING CHECKLIST

- Request to Post (Form HR 001)
- Essential Job Functions
- Questions and Benchmarks

Positions are posted for 5 business days and are generally posted on Mondays to close on Fridays, excluding Holidays.

Key Points Form HR 001:

1. General Posting:

If you are reposting the position and there have been ANY changes to the posting, then you MUST check "Repost without Previous Applicants".

2. Position Details:

If you do not know the budgeted salary or do not have access to the SAP report to pull that, you may contact Central HR or your Regional Employment Office for that information.

3. Supplemental Questions:

The new online hiring system, NeoGov, allows an option to add Supplemental Questions to the application during the posting process. These supplemental questions are job specific and allow the hiring manager to identify and have applicants respond to specific preferences, knowledge, skills, and abilities they are looking for in an applicant. They also allow applications to be screened with an emphasis on those key preferences. You may use question formats that include: multiple choice choose one; multiple choice select all that apply; text boxes; yes/no. When using multiple choice formats, please provide your list of responses for the applicant to select.

4. Approvals:

Please note that each Division must determine the final approving authority for their sections. HR accepts this form electronically with two approvals.



**N.C. DEPARTMENT OF PUBLIC SAFETY
Request to Post**

INSTRUCTIONS: Completed form should be sent to the HR Recruitment section via the email address of DPS_HR_RequestToPost@ncdps. Please note that these forms do NOT need to be printed and signed via hard copy. The forms should be forwarded via email to the next approval level.

Completed by: Hiring Manager **Date Completed:** 1/3/2013

General Posting Information:

Posting Type: Internal to DPS State Government Only External
 Initial Post Repost with Previous Applicants Repost without Previous Applicants
(Previous applicants do NOT need to reapply & will be considered). (Previous applicants will need to reapply to be considered)

Special Comments: _____

Position Details:

Division: Administration Section/Unit: Administration City/County: Hoke County
Position #: 60089756 Classification Title: Personnel Technician Working Title: Employment Specialist
Salary Grade: 66 **OR, if career banded,** Competency Level: Contributing Journey Advanced
Position is: New **OR** Existing Date Position Available: 2/15/2013 Last Occupied by: Departed Employee
Appointment Type: Permanent Temporary Time-Limited - Position Duration: _____
Position Type: Full Time Part Time Budgeted Salary: \$45,143
(Note: For Budgeted salary, use transaction code PO13D in SAP, under "Display Budget.")
If a specific Work Schedule is required, please specify work hours: Standard M-F

Description of Work: *(This information will be included in the vacancy announcement.)*

The primary purpose of this position is to independently serve as a DPS Human Resources Recruiter in areas of position recruitment; qualification review; and salary administration. Responsible for providing centralized recruitment services for the assigned classifications and sections within DPS. Position provides quality customer service to applicants and hiring managers to facilitate recruitment and retention of qualified diverse applicants for the agency. Position will develop postings, evaluate position qualification preferences, and identify recruitment strategies to attract diverse and talented employees. Position reviews and screens applications for posted vacancies via NEOGOV for assigned classes. Evaluates for accuracy and completeness; analyzes education and work history against the classification specification following OSP, DPS policy and guidelines. Reviews hiring packages to ensure the most qualified applicant was selected in compliance to OSP and DPS HR policy and procedures. Evaluates and recommends salary based on qualifications, equity, and salary administration policies.

Competency / Knowledge Skills and Abilities: *(This information will be included in the vacancy announcement.)*

Ability to interpret, apply, and communicate a variety of policies, procedures, and regulations; to exercise sound judgment in gathering and evaluating employee and position information; to establish and maintain effective working relationships with employees; administrative officials, and the general public; to express oneself clearly and concisely in oral and written form; to work independently and to make and defend procedural decisions, to assign and review the work of other technicians and clerical employees (may be required). Considerable knowledge of the Human Resources policies and procedures, preferably of the program area of assignment of agency or institution programs and organization.

Management Preferences / Certification or License Requirements / Physical Requirements:

(This information will be included in the vacancy announcement.)

Preference for experience with merit-based hiring and experience with E-Recruit (NEOGO) system.

Supplemental Questions: *(If available, enter in the space below.)*

What is your level of Education:
Bachelor's Degree or Higher
2 or more years of college with no degree
Associate's Degree
Less than 2 years of college
High School

How many years of experience do you have in administering a personnel program(s)?
10 or more years
5-10 years
1 – 5 years
Less than 1 year

How many years of experience do you have in recruitment using Merit Based Hiring?
10 or more years
5-10 years
1-5 years

Less than 1 year

How many years of experience do you have in the interpretation and practical application of salary administration policy to include salary determination?

10 or more years

5-10 years

1-5 years

Less than 1 year

Critical Nature of Position / Impact of Not Filling Vacancy (Staffing, Operational, and/or Financial):

*(Complete this section **ONLY** if hiring restrictions are in place which require justification of filling this position.)*

This position is critical to adequately manage the vacancies throughout the agency to ensure critical public safety positions are filled in a timely manner.

APPROVALS: (*Each Division must determine final approving authority for their sections. HR will accept the form with two approvals.*):

	Typed Full Name	Signature	Date
Requesting Supvr/ Manager:	Name of Requesting Supervisor	<i>Not required. Supervisor/Manager shall email this request to the next approval level.</i>	1/3/2013
Division Director (or Designee):	Name of Division Director	<i>Not required. Upon approval, Division Director/Designee shall email/forward this request to: DPS_HR_RequestToPost@ncdps.gov</i>	1/3/2013
HR Director (or Designee):	Alvin G. Ragland		
OSBM &/or OSP approval (if required):			

FOR HR USE ONLY:

Posting Opening Date:	Posting Closing Date:
SOC Category/ Subcategory Title:	
Requisition # (Exam Plan #):	HR Rep:

SUPPLEMENTAL QUESTIONS

There are 3 types of Supplemental Questions that can be used on a posting:

1. Yes/No Answer
2. Choice Answers
3. Text Response

YES/NO ANSWER

This type of question requires an applicant to choose between listed options.

Example: Do you have a valid driver's license?

Yes

No

CHOICE ANSWERS

This type of question allows an applicant to choose one response or from all responses that apply.

Example 1: Check one of the options below that describes your education and experience?

- a. A Master's Degree and three years of experience directly related to instruction and training in Human Resources.
- b. Graduation from a four-year college/university and three years of experience directly related to instruction and training in Human Resources
- c. An Associate's degree and four years of experience directly related to instruction and training in Human Resources.
- d. Graduation from High School and six years of experience directly related to instruction and training in Human Resources
- e. None of the above

Example 2: What Beacon/SAP Courses have you successfully completed?

Check all that apply:

- a. OM 200
- b. PA 210
- c. PA 310 or 315
- d. PA 313
- e. BN 200
- f. TM 300
- g. TM 310

When asking for an applicant to choose their level of expertise or proficiency, it is helpful to define the proficiency level.

Example 3:

What level of experience do you have with MS Word? Check the appropriate level of experience:

- a. **Basic: Creating a New Document, Editing Documents, Adding Document Text with Auto Text, Using Proofreading Tools, Changing How Text Looks Using Borders and Colors, Working with Tabs and Indents, Examining Your Document in Different Views, Working with Margins, Pages, and Line Spacing, Working with Styles, Using Auto Formatting to Change Text Attributes, Adding Headers, Footers, and Page Numbering, Printing Documents, Creating Numbered and Bulleted Lists, Using Word Tables, Creating Columns in a Document, Adding Graphics to Documents Creating Personalized Mass Mailing, Working with Larger Documents**
- b. **Intermediate: Insert a WordArt, Create A table in MS Word, Add Text to a Shape, Use Tabs, Work with Backgrounds, Work with Animation,**
- c. **Advanced: Linking Excel Worksheet, Insert Fields, Comments, Customize Word, Hyperlinks, Templates, Macros**
- d. **None**

Example 4:

What level of experience do you have with MS Excel? Check the appropriate level of experience:

- a. **Basic: Skills needed to perform everyday functions such as cut, copy, delete, paste, Basic Formulas, Edit Replace, Data Sorting, Hiding, AutoFormats, Protection, Basic Charts and Basic Formatting.**
- b. **Intermediate: Advanced analysis, formulas, data capture, charts, graphs, worksheet formulas, Extract Data and Decision Making, Data Validation and External References, Advanced Filters and AutoFilters, Track Changes, Hyperlinks, Shared Workbooks and Merging Shared Workbooks.**
- c. **Advanced: Complex modeling, data management, advanced formulas, pivot tables, advanced filters, Importing Text Files, Text to Columns, Data tables and consolidation, VBA Macros**
- d. **None**

TEXT ANSWER

This type of question requires the applicant to provide a brief response to a question.

Example: Describe your experience with Learning Management Systems. What systems have you used and how did you use them?



Essential Job Functions Summary

1. What is an essential job function?

Essential job functions are the fundamental job duties performed in a position and should be documented in the official job description. Essential job functions represent the core duties of a position and define why a job exists. Essential functions are those that are: critical, indispensable, necessary, primary, and imperative.

The term “essential” does not include the marginal functions of the position. Marginal functions are those that are: incidental, extra or non-essential.

2. When should essential job functions be identified?

Essential job functions should be identified:

- A. When a position is established
- B. When a position is vacant
- C. Before creating a job posting
- D. Prior to interviewing
- E. Prior to any conditional offer medical examinations

3. How do I determine essential job functions?

- A. The key duties and responsibilities should provide a clear description of the position. The essential functions should directly relate to the required competencies, knowledge, skills and abilities listed in the job description and job posting. A function may be considered essential because:
 - i. The position exists to perform that function.
 - ii. There are a limited number of employees available who could perform that function.
 - iii. The function is highly specialized.
- B. Resources to use to help in identifying essential job functions include: official job description, the Office of State Personnel Class Specification, prior vacancy postings or essential job functions developed for a similar position.

4. When does the law require that essential job functions be identified?

Essential job functions must be identified when a reasonable accommodation is being considered or in any situation in connection with an accommodation.

Note: *The Classification & Compensation Section in the Central Human Resources Office serves as a resource in developing essential job functions. If you have questions, please contact them at (919) 716-3800.*

Essential Job Functions Personnel Technician II

1. Must be able to read, comprehend, interpret, and apply standards of personnel policies, procedures, regulations, and laws to a variety of personnel transactions.
2. Must be able to gather, compile, and evaluate position and employee information.
3. File documents alphabetically or numerically in cabinets up to and including 5 drawer levels.
4. Must be able to exercise judgment in evaluating situations and making recommendations concerning employees and positions, transactions, and problems.
5. Must be able to establish and maintain effective working relationships with employees, coworkers, and the general public.
6. Must be able to express oneself clearly and concisely in oral and written form.
7. Must be able to work independently and to make recommendations.
8. Must be able to use various software applications to include but not limited to electronic mail, Beacon, MS Office applications, NEOGOV, ATS, and the Internet.
9. Must be able to work in high stress environments requiring the employee to adapt procedures to changing situations and deadlines.
10. Must possess sufficient knowledge and dexterity to operate all division communication and information systems to include but not limited to computers, telecommunications equipments, copiers, and fax machines.
11. Must be able to meet the physical activities, mental concentration levels and requirements, visual acuity, and working conditions of the position.
12. Must possess sufficient dexterity to manipulate keys and keyboards, operate levers and buttons in order to operate office equipment.
13. Answer and respond to incoming telephone calls.
14. Must be legally able to drive a car for long periods of time and travel within the state.

The successful applicant/employee must be able to perform ALL of the above functions and at a pace and level of performance consistent with the actual job performance requirements.

SAMPLE

NAME _____ SS# _____

CORRECTIONAL OFFICER ESSENTIAL JOB FUNCTIONS

1. Effectively communicate with other staff, inmates and member of the general public in verbal and written form and by utilizing existing communication systems including but not limited to telephones, two way radios, intercoms, and computer systems.
2. Perform searches of persons, vehicles, mail objects/places capable of concealing contraband, personal property, buildings, and large outdoor areas using metal detectors and the senses of sight, hearing, touch and smell to detect contraband.
3. Perform searches of inmates (clothes and unclothed). This will include the visual inspection of body cavities and the possible exposure to body fluids.
4. Comprehend and abide by policy, post orders, standard operating procedures, emergency plans, memoranda, legal documents, and other directives both written and verbal governing daily activities even under conditions of little or no immediate supervision.
5. Work split, rotating or fixed shifts, weekends, and holidays as schedule requires. Respond at any time called upon to emergency situations for extended periods of time when necessary.
6. Conduct continuous visual and audio surveillance of daily activities of inmates within the scope of assigned post (post may be located either indoors or outdoors and neither are climate controlled), including climbing stairs, working for extended periods of time on elevated surfaces such as guard towers, standing and walking for extended periods of time, and physically checking doors, windows, gates, barred sections, fences, and other areas to ensure proper security, sanitation, and safety practices.
7. Perform crisis intervention function to include suicide prevention, counseling, recognizing abnormal behavior, and making sound, reasoned decisions, and taking appropriate action in accordance with established procedures.
8. Conduct investigation and complete comprehensive witness statements, activity logs, and other necessary investigative and operational forms and reports.
9. Transport inmates by operating Department approved vehicles in a safe and secure manner utilizing approved restraints and observing relevant law, policies, and procedures at any time of day and in any traffic, road and weather conditions.
10. Perform rescue functions during emergencies, disasters, and at accident scenes to include administering CPR and basic emergency first aid, physically removing people away from dangerous areas, extinguish fires using fire extinguishers, fire hoses, and self-contained breathing apparatus, and evacuating and securing people from confined areas.

North Carolina Department of Public Safety
Office of Staff Development and Training

Basic Correctional Officer Training
Essential Functions to Complete Mandated Training

MENTAL AND PHYSICAL EXPECTATIONS

1. The trainee is expected to be able to sit in a classroom and be attentive eight (8) hours.
2. The trainee is expected to be able to read and comprehend all classroom material which will include departmental policies.
3. The trainee is expected to be able to hear the instructions of course material including films/videos, and see blackboards, flipcharts, and any audio visual equipment.
4. The trainee is expected to be able to effectively and verbally communicate with the instructor and other trainees.
5. The trainee is expected to have writing skills and be able to take notes to be prepared for successfully passing written examinations.
6. The trainee is expected to be able to comprehend step-by-step procedures involved in overall prison security.
7. The trainee is expected to be able to comprehend the definition of contraband in association with various methods of how inmates may make or use contraband against the staff or for their own pleasure.
8. The trainee is expected to be able to identify various drugs and their symptoms.
9. The trainees are expected to stand, bend their knees, and squat down while maintaining their balance, and mentally focus on conducting a safe search of another person.
10. The trainee is expected to stand motionless with their arms outstretched horizontally to the floor for 2-5 minutes while a fellow trainee conducts a standing search on their person.
11. The trainee is expected to comprehend the definition of supervision as well as the fundamentals and techniques for major supervisory tasks.

SAMPLE

Interview Questions

Personnel Technician II - Employment Specialist

1. Describe your experience with dealing with confidential personnel issues.

Recommended follow up questions:

- What strategies have you utilized to maintain confidentiality?
- Have you ever been pressured by a friend or coworker to divulge confidential information, like in a recruitment situation? How did you handle the situation?

Excellent: Applicant attains the Average benchmark below, *plus* mentions specific things that must be kept confidential such as medical records (HIPAA law), disciplinary actions, or specific information relating to the selection of a candidate in a recruitment situation. If applicant is a state government employee, he/she may have knowledge of the Public Records Act.

AA: Applicant's response is between Average and Excellent. Applicant has worked in a personnel office, understands the importance and legality of maintaining confidentiality, and may expound by providing examples.

A: Applicant has worked in a personnel office and understands the importance of confidentiality.

BA: Applicant's response is between Poor and Average. Applicant has not worked in a personnel office but has an understanding of the potential problems created by divulging confidential information; or applicant is unable to fully answer the question.

Poor: Applicant has not worked in a personnel office or lacks understanding of the potential problems created by divulging confidential information; or applicant's answer is vague and or applicant uses a hypothetical answer rather than a specific example; or applicant is unable to answer the question.

2. Describe your experience with new hire orientation.

Recommended follow up questions:

- In your opinion, what is the most important aspect of new hire orientation? Why?
- Why is it important to conduct new hire orientation in a timely manner?

Excellent: Applicant attains the Average benchmark, *plus* mentions specific things that confirm a higher level of Human Resources Program Knowledge; Identifies specific knowledge and competencies related to policy and benefits and conveys how that is relevant to the New Hire Program. Familiar with train-the-trainer types programs or programs relevant to large scale complex organizations. Has administered a program and is able to describe responsibilities such as development/revision of produces based on policy changes or change in vendors, legislation, etc.

AA: Applicant's response is between Average and Excellent. Demonstrates a familiarity and experience with on-boarding processes and blended learning approaches to orientation programs. Identifies the role in distribution or dissemination of information working across various functional areas to obtain information.

A: Identifies basic program components—benefits/policy. Focuses primarily on curriculum development but does not elaborate on the importance of the communications network or working with groups across functional areas.

BA: Applicant's response is between Poor and Average. Applicant has not worked in a personnel office but has an understanding of the role of Human Resources; or applicant is unable to fully answer the question.

Poor: Applicant has not worked in a personnel office or lacks understanding of Human Resources Program Knowledge; Does not identify the basic components of the orientation program or applicant is unable to answer the question.

SCREENING

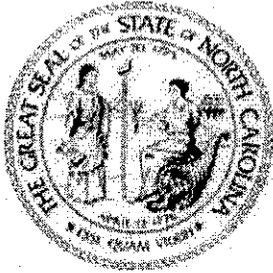
Once the Request for Post has been received, the position is posted through NEOGOV by the HR Staff or Employment Specialists. This generates a Vacancy Announcement.

Applicants then apply for the position. Those applications are received and screened by HR Staff or Section Employment Specialists. Currently Employment Specialists are identified in:

1. Prisons
2. Community Corrections
3. Correction Enterprises
4. State Highway Patrol
5. Alcohol Law Enforcement for sworn positions only

Once HR or the Employment Specialists have completed the screening process, the Hiring Manager or work location will receive the following information:

1. The vacancy announcement
2. A NEOGOV Selection Log that contains the names of the Most Qualified Applicants including those with priorities. This is your referred list of candidates.
3. Applications of candidates on the referred list



NORTH CAROLINA, STATE OF (NC)
invites applications for the position of:

Employment Specialist

JOB CLASS TITLE: Personnel Technician II

POSITION NUMBER: 60089756

DEPARTMENT: Department of Public Safety

DIVISION/SECTION: Division of Adult Correction

SALARY RANGE: \$32,796.00 - \$51,446.00 Annually

RECRUITMENT RANGE: 35,000 - 48,000

SALARY GRADE / SALARY GRADE EQUIVALENT: 66

COMPETENCY LEVEL: Not Applicable

APPOINTMENT TYPE: Permanent Full-Time

WORK LOCATION: Hoke County

OPENING DATE: 01/16/13

CLOSING DATE: 01/18/13 5:00 PM Eastern Time

DESCRIPTION OF WORK:

The primary purpose of this position is to independently serve as a DPS Human Resources Recruiter in areas of position recruitment; qualification review; and salary administration. Responsible for providing centralized recruitment services for the assigned classifications and sections within DPS. Position provides quality customer service to applicants and hiring managers to facilitate recruitment and retention of qualified diverse applicants for the agency. Position will develop postings, evaluate position qualification preferences, and identify recruitment strategies to attract diverse and talented employees. Position reviews and screen applications for posted vacancies via NEOGOV for assigned classes. Evaluates for accuracy and completeness; analyzes education and work history against the classification specification following OSP, DPS policy and guidelines. Reviews hiring packages to ensure the most qualified applicant was selected in compliance to OSP and DPS HR policy and procedures. Evaluates and recommends salary based on qualifications, equity and salary administration policies.

KNOWLEDGE, SKILLS AND ABILITIES / COMPETENCIES:

Ability to interpret, apply, and communicate a variety of policies, procedures, and regulations; to exercise sound judgment in gathering and evaluating employee and position information; to establish and maintain effective working relationships with employees, administrative officials, and the general public; to express oneself clearly and concisely in oral and written form; to work independently and to make and defend procedural decisions to assign and review the work of other technicians and clerical employees (may be required). Considerable knowledge of the

Human Resources policies and procedures, preferably of the program area of assignment and of agency or institution programs and organization.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS:

Graduation from high school and four years experience in administering a personnel program (s) for a work unit or HR office.

SUPPLEMENTAL AND CONTACT INFORMATION:

Please contact Jane Doe at 919-111-1111.

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.osp.state.nc.us/jobs/index.html>

Position #1300026
EMPLOYMENT SPECIALIST
TD

NOTE: Apply to the department listed on posting
An Equal Opportunity Employer, NC State Government

Employment Specialist Supplemental Questionnaire

- * 1. What is your level of education (college work must be accredited)?
 - Bachelor's Degree or higher
 - Two or more years of college with no degree
 - Associate's Degree
 - Less than 2 years of college
 - High School
- * 2. How many years of experience do you have in administering a personnel program(s) for a work unit or HR office?
 - 10 or more
 - 5 - 10
 - 1 - 5
 - Less than one
- * 3. How many years of experience do you have in recruitment using Merit Based Hiring?
 - 10 or more
 - 5 - 10
 - 1 - 5
 - Less than one
- * 4. How many years of experience do you have in the interpretation and practical application of salary administration policy to include salary determination?
 - 10 or more
 - 5 - 10
 - 1 - 5
 - Less than one
- * 5. How many years of experience do you have in processing PA actions as an HR Master Data Maintainer in BEACON/SAP?
 - 10 or more
 - 5 - 10
 - 1 - 5
 - Less than one
- * Required Question

1300026 Employment Specialist: [Default List](#)

[View Exam \(Recruiting\) Plan](#) [Show Evaluation Steps](#) [Show Ranks Sequentially](#) [Show Referrals](#)
[Include Active Candidates Only](#)

Primary Sort:
 Secondary Sort:

Search by Name

3 records found.

Page 1 of 1

3 candidates on list.

	Name	Master Profile	Date Received	Date Eligible	Email Notify	Status	Expires	Verified - Promo	Verified - RIF	Verified - Veteran's Pref	Notices	Comments
<input type="checkbox"/>	Ashley, Clara	View	01/17/13	01/17/13		Active		Yes	No	No		Add
<input type="checkbox"/>	Crawford, Joan	View	01/17/13	01/17/13		Active		Yes	Yes	No		Add
<input type="checkbox"/>	Rabbitt, Bunny	View	01/17/13	01/17/13		Active		Yes	No	No		Add

Select Action

EMPLOYMENT APPLICATION		
 <p style="text-align: center;">NORTH CAROLINA, STATE OF (NC) NOTE: Apply to the department listed on posting An Equal Opportunity Employer, North Carolina State Government http://www.osp.state.nc.us/jobs/index.html Crawford, Joan 1300026 EMPLOYMENT SPECIALIST</p>		<p>Received: 1/17/13 12:15 PM For Official Use Only: QUAL: _____ DNQ: _____ <input type="checkbox"/> Experience <input type="checkbox"/> Training <input type="checkbox"/> Other: _____</p>
PERSONAL INFORMATION		
POSITION TITLE: EMPLOYMENT SPECIALIST		EXAM ID#: 1300026
NAME: (Last, First, Middle) Crawford, Joan		SOCIAL SECURITY NUMBER: N/A
ADDRESS: (Street, City, State, Zip Code) 112 Denning Street, Apex, North Carolina 27502		
HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS: joan@crawford.com
DRIVER'S LICENSE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: NC Number: 120002125	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PREFERENCES		
PREFERRED SALARY: \$40,000.00 per year	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Regular		
TYPES OF WORK YOU WILL ACCEPT: Full Time		
SHIFTS YOU WILL ACCEPT: Day		
OBJECTIVE:		
EDUCATION		
DATES: From: 8/1988 To: 5/1992	SCHOOL NAME: Western Carolina University	
LOCATION:(City, State) Cullowee, North Carolina	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Bachelor's
MAJOR: Criminal Justice	UNITS COMPLETED: 145 - Semester	
DATES: From: 8/1982 To: 6/1986	SCHOOL NAME: Ashbrook High School	
LOCATION:(City, State) Vass, North Carolina	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: High School Diploma
WORK EXPERIENCE		
DATES: From: 5/2004 To: 7/2012	EMPLOYER: NC Department of Public Safety	POSITION TITLE: Judicial Services Coordinator
ADDRESS: (Street, City, State, Zip Code) Raleigh, North Carolina 27601		COMPANY URL:
PHONE NUMBER:	SUPERVISOR: Janet Boss - Judicial Services Specialist	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$3,300.00/month	# OF EMPLOYEES SUPERVISED: 0
DUTIES: Supervise approximately 150 offenders sentenced to Community Service. Process assignment to field officers. Enroll offenders in First Offender program. Process cases coming from court where defendant was sentenced to probation. Coordinate jail sentences for offenders.		
REASON FOR LEAVING: Reduction in Force		
DATES: From: 1/1996 To: 5/2004	EMPLOYER: NC Department of Environment and Natural Resources	POSITION TITLE: Personnel Tech I

ADDRESS: (Street, City, State, Zip Code) Raleigh, North Carolina 27601		COMPANY URL:
PHONE NUMBER:	SUPERVISOR: JB Butler - Personnel Technician II	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$3,100.00/month	# OF EMPLOYEES SUPERVISED: 3
DUTIES: Supervise separations, longevity, aggregate service, vacation leave, sick leave, leave without pay, shared leave, workers compensation. Responsible for assuring that payroll deadlines were met. Liaison with management, field staff, OSP, and management to ensure that all policies, procedures, and processes were completed. Assist with training field staff on processes and procedures.		
REASON FOR LEAVING: Career Change		
DATES: From: 10/1992 To: 1/1996	EMPLOYER: NC Department of Health and Human Service	POSITION TITLE: Personnel Assistant IV
ADDRESS: (Street, City, State, Zip Code) Raleigh, North Carolina 27601		COMPANY URL:
PHONE NUMBER:	SUPERVISOR: Betty Boop - Personnel Technician II	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$1,700.00/month	# OF EMPLOYEES SUPERVISED: 0
DUTIES: Verify longevity payouts. Audit employee files to ensure that longevity was correct. Meet payroll deadlines. Collaborate with other divisions and management to ensure that leave adjustments were correct.		
REASON FOR LEAVING: Promotional Opportunity		

CERTIFICATES AND LICENSES

Nothing Entered For This Section

SKILLS**OFFICE SKILLS:**Typing:50
Data Entry:0**OTHER SKILLS:****LANGUAGE(S):****ADDITIONAL INFORMATION**

Nothing Entered For This Section

REFERENCES

Nothing Entered For This Section

Standard Questions

1. **Please provide the last 4 digits of your Social Security Number**
1234
2. **Are you related by blood or marriage to any person now working for the State?**
No
3. **If you answered "yes" to the previous question, please provide their name, relationship to you, and the agency where employed.**
4. **Are you currently employed by the State of North Carolina?**
Yes
5. **If you answered "yes" to the previous question, please indicate the agency/university where you are currently working.**
NC Department of Public Safety
Was reduced in force 07/2012
6. **Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126?**
Yes
7. **If you answered "yes" to the previous question, please indicate your date of notification.**
07/01/2012
8. **Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the position for which you are applying.)**
No
9. **If you answered "yes" to the previous question, please explain the nature of the conviction and the date.**
10. **Where did you learn about this opportunity?**
OSP Website
11. **What type of work you will accept? Please check all that apply.**
Permanent Full-Time
12. **Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?**
No
13. **Do you wish to declare eligibility for Veterans Preference? If yes, please include a copy of the DD-214. (If you answered "N/A" to question 15, you do not need to answer this question)**
No
14. **Do you wish to declare a service connected disability? (If you answered "N/A" to question 15, you do not need to answer this question)**
No
15. **At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service related reasons?**
No
16. **Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?**
No
17. **Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.**
18. **If subject to Military Selective Service registration, certify compliance by indicating below.**
Not subject to Military Selective Service Registration.
19. **Will you consider employment anywhere in North Carolina?**
No
20. **If you selected "no" to the previous question, please list the counties where you would be willing to work.**
Wake COunty
21. **Verification of degrees and professional credentials.**

Will be verified within 90 days (GS 126-30)

22. Person responsible for degree and professional credentials verification.

NBC

23. Does applicant have RIF priority for this position?

Yes

24. Is applicant eligible for Veterans Preference?

No

25. Is applicant eligible for promotional priority for this position?

Yes

Job Specific Supplemental Questions**1. What is your level of education (college work must be accredited)?**

Bachelor's Degree or higher

2. How many years of experience do you have in administering a personnel program(s) for a work unit or HR office?

5 - 10

3. How many years of experience do you have in recruitment using Merit Based Hiring?

Less than one

4. How many years of experience do you have in the interpretation and practical application of salary administration policy to include salary determination?

1 - 5

5. How many years of experience do you have in processing PA actions as an HR Master Data Maintainer in BEACON/SAP?

Less than one

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by Joan Crawford on 1/17/13 12:15 PM

Signature _____

Date _____



DPS INTERVIEW CHECKLIST

- Vacancy Announcement
- Applications
- Questions and Benchmarks
- Essential Job Function Verification[s] (Form HR 005)
- Essential Job Functions
- Essential Training Functions, if applicable
- Criminal History Record Check[s], if applicable (Form HR 004) and envelope[s] for sealing Criminal History Record Check[s] (Form HR 004)
- Applicant Checklist of Employment Requirements (Form HR 012)
- Interview Rating[s] (Form HR 006)
- Interview Summary [Committee Chair] (Form HR 007)
- Practical / Skill tests (if applicable)

NOTE: Additional forms will be added if necessary.

ESSENTIAL JOB VERIFICATION

FORM HR 005

The form and list of essential job functions are provided to the applicant at the interview.

For certified positions in Adult Corrections and Juvenile Justice, applicants will be given:

- Position Essential Job Functions
- Basic Training Essential Functions

The applicant reviews the list(s) and signs the form section entitled “**At Interview**”.

Do **Not** sign section entitled “**Conditional Offer**”.



Essential Job Functions Verification

Name: _____

Position #: _____

Location: _____

Provided Essential Job Functions for Position Title: _____

NOTE: For certified positions within the Divisions of Adult Correction and Juvenile Justice, Basic Training functions should also be provided.

**At Interview:
(Completed by Candidate)**

I verify that I have read and understand all of the Essential Job Functions related to the position indicated above. I further verify that I can perform the Essential Job Functions with or without a reasonable accommodation.

Signature

Date

**At Conditional Offer of Employment:
(Completed by Candidate)**

I verify that I have read and understand all of the Essential Job Functions related to the position indicated above. I further verify that I can perform the Essential Functions (please check ONLY one box):

with reasonable accommodation.* without accommodation.

Signature

Date

*If Accommodation is needed, applicant shall complete the **DPS-RRA (Request for Reasonable Accommodation)**.

Maintain a copy of this form at the work location.

Essential Job Functions Personnel Technician II

1. Must be able to read, comprehend, interpret, and apply standards of personnel policies, procedures, regulations, and laws to a variety of personnel transactions.
2. Must be able to gather, compile, and evaluate position and employee information.
3. File documents alphabetically or numerically in cabinets up to and including 5 drawer levels.
4. Must be able to exercise judgment in evaluating situations and making recommendations concerning employees and positions, transactions, and problems.
5. Must be able to establish and maintain effective working relationships with employees, coworkers, and the general public.
6. Must be able to express oneself clearly and concisely in oral and written form.
7. Must be able to work independently and to make recommendations.
8. Must be able to use various software applications to include but not limited to electronic mail, Beacon, MS Office applications, NEOGOV, ATS, and the Internet.
9. Must be able to work in high stress environments requiring the employee to adapt procedures to changing situations and deadlines.
10. Must possess sufficient knowledge and dexterity to operate all division communication and information systems to include but not limited to computers, telecommunications equipments, copiers, and fax machines.
11. Must be able to meet the physical activities, mental concentration levels and requirements, visual acuity, and working conditions of the position.
12. Must possess sufficient dexterity to manipulate keys and keyboards, operate levers and buttons in order to operate office equipment.
13. Answer and respond to incoming telephone calls.
14. Must be legally able to drive a car for long periods of time and travel within the state.

The successful applicant/employee must be able to perform ALL of the above functions and at a pace and level of performance consistent with the actual job performance requirements.

CRIMINAL HISTORY RECORDS CHECK

FORM HR 004

This form is completed at the interview.

The hiring manager or their designee completes Section 1.

The applicant completes section 2.

The form is placed in a sealed envelope by the applicant.

The interview chair submits the sealed envelope to the hiring manager or designee along with all interview forms.

APPLICANT CHECKLIST FOR EMPLOYMENT

FORM HR 012

This document is given to the applicant during the interview.

It identifies documents the applicant will be required to provide if they are selected.

They will be required to bring these documents at the Conditional Offer of Employment



North Carolina Department of Public Safety

Human Resources

Applicant Checklist of Employment Requirements

Thank you for your interview. Should you be selected for the position, you will be contacted to return for completion of a series of employment forms. *If selected for hire*, the following documentation will be required.

This checklist is being provided to all applicants that interview in an effort to expedite the hiring process. This does NOT represent an offer of employment.

1. I-9 Employment Eligibility Documents (see [page 2](#) for a list of acceptable documents)
2. Proof of Education: (Official degree verification is **required within 90 days** of employment)
 - Verification of your highest level of education completed is required
 - Verification of your related degree (*if applicable - required if highest level of education does not meet the minimum education requirement for the position*)
 - Applicants who have obtained their education outside the US and its territories must have their academic degrees validated as equivalent to the degree conferred by a regionally accredited college or university in the US. There are several organizations that perform this specialized service. (See [page 3](#) for a list of organizations as a sample.)
 - ▶ **Official validation must be received within 90 days of employment** ◀
 - If your education document was obtained in the US or its territories, but is not written in the English language, then *either* of the following may be provided:
 - A. Original education document and an English translation of the document by an authorized organization; *or*
 - B. Official verification in English from the issuing school
3. Proof of Licensure / Certification / Registration (*if applicable* for direct care [medical / mental health] and maintenance job classifications)
4. Completed Tax Forms:
 - NC-4 Employee's Withholding Allowance Certificate
 - W-4 Employee's Withholding Allowance Certificate
5. Completed Direct Deposit Forms:
 - Mandatory Direct Deposit Notification
 - Direct Deposit Enrollment forms
 - Official bank form which includes your name, account number, and bank routing number
6. TB test results or TB screening results if positive in the past (current results **within the last 12 months**) – *required only for direct care (medical / mental health) job classifications*

Applicant Checklist of Employment Requirements (cont'd)

Form I-9: Employment Eligibility Verification

Note on Expiration: USCIS continues to accept the 08/07/09 and 02/02/09 editions of Form I-9 despite the passing of the form's expiration date. An updated form will be posted as soon as it becomes available. To access an enter-friendly Form I-9, click [here](#).

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)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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
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	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	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)

Form I-9 (Rev. 08/07/09) Y Page 3

Applicant Checklist of Employment Requirements (cont'd)

Proof of Education

Applicants who have obtained their education outside the US and its territories must have their academic degrees validated as equivalent to the degree conferred by a regionally accredited college or university in the US. There are several organizations that perform this specialized service. A sampling of these organizations includes the following:

1. International Education Research Foundation, Inc.
310. 285.9451
<http://www.ierf.org>
2. World Education Services, Inc.
800.937.3895
<http://www.wes.org>

*****Official validation of education is required within 90 days of employment.*****

INTERVIEW RATING

FORM HR 006

This is a standardized form used by the Department of Public Safety.

The form identifies the KSAs/Competencies required of the position. This information can be obtained from the job posting or the job description.

It documents the interview questions & question benchmark answers.

In the notes section, record the applicant responses.

Use a five level (5) Rating scale:

- Excellent
- Above Average
- Average
- Below Average
- Poor

The summary of interview results section provides a general summary of the interview and the applicant's responses.



North Carolina Department of Public Safety

INTERVIEW RATING

Begin Time	End Time	Date
		1/21/2013
Job Class Title		Interview Location
Personnel Technician II		Hoke County Work Location
Interviewer (Print)		Position Number
Betsy Johnson		60089756
Interviewer (Signature)		Overall Response Rating
Applicant Name (Print)		
Joan Crawford		

During the Interview
<ul style="list-style-type: none"> • During this phase you will ask the Structured Interview questions and record the applicant's responses. Each interviewer should fill out a form for each applicant interviewed for the position on the designated Interview Rating (Form HR 006). • The Questions asked are based on job-related criteria. The same questions are asked of all applicants an in the same order.



North Carolina Department of Public Safety

INTERVIEW RATING

KSA (Knowledge, Skills, Abilities) /Competencies – This information is found on the position description, OSP’s Class Specs, and the Request to Post (Form HR 001).				
Attention to Detail, Human Resources Program Knowledge				
Question 1				
Describe your experience with dealing with confidential personnel issues.				
Recommended follow up questions:				
<ul style="list-style-type: none"> ○ What strategies have you utilized to maintain confidentiality? ○ Have you ever been pressured by a friend or coworker to divulge confidential information, like in a recruitment situation? How did you handle the situation? 				
Notes				
Applicant Response Rating				
Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Excellent <input type="checkbox"/>
Question Benchmarks				
Poor	Below Average	Average	Above Average	Excellent
Applicant has not worked in a personnel office or lacks understanding of the potential problems created by divulging confidential information; or applicant’s answer is vague and or applicant uses a hypothetical answer rather than a specific example; or applicant is unable to answer the question.	Applicant’s response is between Poor and Average. Applicant has not worked in a personnel office but has an understanding of the potential problems created by divulging confidential information; or applicant is unable to fully answer the question.	Applicant has worked in a personnel office and understands the importance of confidentiality.	Applicant’s response is between Average and Excellent. Applicant has worked in a personnel office, understands the importance and legality of maintaining confidentiality, and may expound by providing examples.	Applicant attains the <u>Average</u> benchmark below, <i>plus</i> mentions specific things that must be kept confidential such as medical records (HIPAA law), disciplinary actions, or specific information relating to the selection of a candidate in a recruitment situation. If applicant is a state government employee, he/she may have knowledge of the Public Records Act.



North Carolina Department of Public Safety

INTERVIEW RATING

KSA (Knowledge, Skills, Abilities) /Competencies – This information is found on the position description, OSP’s Class Specs, and the Request to Post (Form HR 001).				
Attention to Detail, Communication, Human Resources Program Knowledge, Interpersonal Skills, Planning and Organizing Work; Team Work				
Question 2				
Describe your experience with new hire orientation.				
Recommended follow up questions:				
<ul style="list-style-type: none"> ○ In your opinion, what is the most important aspect of new hire orientation? Why? ○ Why is it important to conduct new hire orientation in a timely manner? 				
Notes				
Applicant Response Rating				
Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Excellent <input type="checkbox"/>
Question Benchmarks				
Poor	Below Average	Average	Above Average	Excellent
Applicant has not worked in a personnel office or lacks understanding of Human Resources Program Knowledge; Does not identify the basic components of the orientation program or applicant is unable to answer the question.	Applicant’s response is between Poor and Average. Applicant has not worked in a personnel office but has an understanding of the role of Human Resources; or applicant is unable to fully answer the question.	Identifies basic program components—benefits/policy. Focuses primarily on curriculum development but does not elaborate on the importance of the communications network or working with groups across functional areas.	Applicant’s response is between Average and Excellent. Demonstrates a familiarity and experience with on-boarding processes and blended learning approaches to orientation programs. Identifies the role in distribution or dissemination of information working across various functional areas to obtain information.	Applicant attains the Average benchmark, plus mentions specific things that confirm a higher level of HR Program Knowledge; Identifies specific knowledge, competencies related to policy & benefits and conveys how that is relevant to the New Hire Pgm. Familiar with train-the-trainer types programs or programs relevant to large scale complex orgs. Administered a program and is able to describe responsibilities such as development/revision of produces based on policy changes or change in vendors, legislation, etc.



North Carolina Department of Public Safety
INTERVIEW RATING

Summary Results of Interview				
Overall Response Rating: (Check one and record Rating in the top section of Form under Overall Response Rating and on the Interview Summary (Form HR 007) under Overall Rating)				
Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Excellent <input type="checkbox"/>

NOTE: Return this completed form to your Hiring Manager or HR Recruiter with the Interview Summary (Form HR 007).

INTERVIEW SUMMARY

FORM HR 007

The work location completes:

- Top of the form
- Candidates' Names, Date/Time of Interview
- Notes/Comments (i.e. declined interview), Priorities

The Chairperson Responsibilities:

- Interviewer Results
- Overall Rating
- Document Candidate(s) For Consideration
- Interview Team Signatures (identify Chair)

This form is submitted to the Hiring Manager with other required documentation.



**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
Interview Summary**

Job Class Title: Personnel Technician II Working Title: Employment Specialist
 Position #: 60089756 Salary Grade/Competency: 66 Location: Hoke County Location
 County: Hoke County Division/Section: Administration

Instructions: The Work Location shall complete this form by listing the candidate(s) name, date and time of the interview and indicate the candidate's priority status if applicable. The Chair shall record each interviewer's overall rating as recorded on the Interview Rating (Form HR 006). In conjunction with team members, the Chair will review the interviewers' results and record an overall rating of Excellent, Above Average, Average, Below Average or Poor. The Chair and interview team members will sign/date this form and submit to the Hiring Manager or HR Recruiter.

Candidate Name	Date of Interview	Time of Interview	Notes/Comments*	Priority			Interviewer Results			Overall Rating
				RIF	Promo Priority	Vet Pref	#1	#2	#3	
Joan Crawford	1/21/2013	9 am		Yes	Yes	No	E	AA	E	E
Bunny Rabbit	1/21/2013	11 am	No Show for Interview	No	Yes	No				
Clara Ashley	1/21/2013	1 pm		No	Yes	No	A	A	A	A

*Sample Notes/Comments: Declined interview, No show for interview, Attempted to contact (list dates/times), Accepted another position, Candidate unable to reschedule.

Special Note for RIF Priority Candidates: Candidate must be interviewed or the "Notes/Comments*" field must be completed to explain reason.

Based on Interview Results the following candidate(s) are submitted for further consideration:

Joan Crawford

Interviewers' Name and Signature	Title	Date
#1 <u>Betsy Johnson</u> <i>Betsy Johnson</i>	<u>Administrative Services Manager, (Chair)</u>	<u>1/21/13</u>
#2 <u>Myron Mortonson</u> <i>Myron Mortonson</i>	<u>Classification and Compensation Analyst</u>	<u>1/21/13</u>
#3 <u>Vera Klaus</u> <i>Vera Klaus</i>	<u>Correctional Supervisor</u>	<u>1/21/13</u>



THE INTERVIEW PROCESS AND PROCEDURES

1. Preparation

- A. As a best management practice, it is recommended that interview panels consist of two (2) to three (3) people. The interview may be conducted by a designated interview team that may include the hiring manager and should ideally be representative of the diversity of the most qualified pool. It is recommended that the interview panel communicate prior to the interview. The Team Members shall review any position documentation such as position description, position specification, essential job functions, ADA checklist, vacancy announcement etc.
- B. Each team member should:
 - i. Have a copy of the structured interview questions and the benchmarks, which are documented on the Interview Rating (Form HR 006);
 - ii. Review, select and discuss interview questions and question benchmarks;
 - iii. Determine the role of each team member (i.e. greeter, which questions each team member will ask, closure, etc.); and
 - iv. Review applications for each candidate, assess credentials and record the results.

NOTE: The following information provides guidelines for how the interviewing process should flow.

2. **Opening - Beginning the Interview**

- A. Prior to the interview, provide the applicant with the:
 - i. Essential Job Functions Verification and Essential Job Functions;
 - ii. Essential Training Functions (if applicable),
 - iii. Criminal History Record Check, and
 - iv. Applicant Checklist of Employment Requirements (Form HR 012) to review. Form HR 012 includes a list of acceptable I-9 Documents.
- B. The following steps should be taken upon beginning the interview:
 - i. Welcome each applicant. Introduce the members of the interview panel. Explain the interview is designed to help the organization make the best hiring decision.
 - ii. Outline the interview process by explaining the following:
 - a. The Department of Public Safety uses a structured interview process.
 - b. The interview team will ask questions to get information about previous jobs and work experience related to the position.

THE INTERVIEW PROCESS AND PROCEDURES (continued)

- c. Each team member is required to record responses on the designated Interview Rating (Form HR 006) to ensure the information shared in the interview is recorded accurately.
- d. The applicant may be asked to complete a written exercise following the interview (if applicable).

3. During the Interview

The question and discussion phase of the interview process is probably the most important. The questions asked are based on job-related criteria. The same questions are asked of all applicants and in the same order.

4. Closing the Interview

At the conclusion of the question and discussion period with the applicant, the interview team members should provide the applicant with general information about the remaining steps in the employment process. The following steps should be taken upon concluding the interview:

- A. Ask the applicants if they have any questions and respond appropriately.
- B. Explain the remaining steps in the selection process:
 - i. The interview panel/Hiring Manager makes a recommendation and forwards the package to the next level of authority;
 - ii. Hiring authority make a selection;
 - iii. Applicant receives notification;
 - iv. Thank the applicant; and
 - v. The greeter:
 - a. Escorts the applicant to a location to complete a test exercises, or
 - b. Concludes the interview.

5. Evaluating the Individual Applicant

Immediately following the interview and after the applicant leaves the room:

- A. All notes should be completed.
- B. Each Interview Team Member will rate the applicant's response for each interview question and assign an overall rating to the applicant's interview as a whole on page 4 of the Interview Rating (Form HR 006) in the Overall Response Rating section.
- C. The Interview Team Chair will enter the Overall Response Rating of each applicant as recorded on the Interview Rating (Form HR 006) by each Interview Team Member in the Overall Rating column on page 1 of the Interview Summary (Form HR 007).

THE INTERVIEW PROCESS AND PROCEDURES (continued)

- D. In conjunction with Interview Team Members, the Interview Team Chair will review the Interview Team Members' results and record an overall rating of Excellent, Above Average, Average, Below Average or Poor.

- E. Interview Team members shall discuss any significant differences in ratings assigned to ensure accuracy of ratings.

6. Evaluating the Interview Pool

At the conclusion of the interviews:

- A. The Interview Team Members will make a recommendation in writing to the Hiring Manager based on their results.
- B. The Interview Committee Chair will complete the Interview Summary (Form HR 007) and have each team member review, verify results and sign.
- C. The completed Interview Summary (Form HR 007) is returned to the Hiring Manager or HR Recruiter.

PROFESSIONAL REFERENCE CHECK

FORM HR 008

The Department of Public Safety requires 2 professional reference checks,

The State Employment Application has a section that states, “may we contact your employer”. The applicant checks yes or no. If the applicant has checked no, we may not contact the employer for reference. Managers may wish to consider addressing this issue at the conclusion of the interview process by advising candidates that we contact current and prior employers for reference and you have indicated that you do not wish us to contact your employer.

Also, at the bottom of the form, it asks for the candidate’s last performance evaluation rating. It is a best practice to ask candidates to bring a copy of their most current performance evaluation to the interview. When this is obtained during the interview process by the candidate, hiring managers may be able to confirm or verify the rating during the reference check by stating, “The employee provided a copy of their most current evaluation rating of VG, can you verify or confirm this rating?”



NC DEPARTMENT OF PUBLIC SAFETY

Print Form

Professional Reference Check

Use this form for the selected candidate(s) being considered to work for DPS. It is Best Practice to be as thorough as possible when making a candidate selection.

Return this completed document to your HR Recruiter.

Candidate Name _____ Candidate Job Title _____

Name of Company /Organization _____ Dates of Employment From _____ To _____

Reference Name _____ Reference Job Title _____

Reference Phone Number _____ Date of Contact _____

Reference email address, if known _____

Please rate the Candidate on the following using Below, Met, or Exceeded Expectations.

Attendance _____ Initiative/Motivation _____

Communication Skills _____ Quality of Work _____

Conduct & Behavior in Workplace _____ Team Player _____

Efficiency/Time Management _____ Working Knowledge _____

1. Is Candidate eligible for rehire? Yes No (If "No," enter supporting comments in the space provided below.)

2. Does the candidate have active disciplinary action or any serious problems that we need to be aware of before making a hiring decision?
 Yes (If "Yes," enter explanation in space provided below.) No

3. What was the candidate's last performance evaluation rating? Rating _____ Cycle _____
4. Is the candidate's performance or conduct under review? Yes (If "Yes," enter explanation in space provided below.) No

5. Is the candidate under an internal investigation? Yes (If "Yes," enter explanation in space provided below.) No

6. Enter any additional information about the candidate that would relate to his/her overall work performance and qualifications.

Reference Check Completed by Printed Name _____ Title _____

Signature _____ Date _____

REQUEST FOR PRE-APPROVAL OF SELECTED CANDIDATE

FORM HR 009

The purpose of this form is to:

- Identify recommended candidate
- Justify selection of candidate
- Provide justification if any candidate w/priority is not selected
- Justification of salary recommendation (if applicable)
- Address inequities (if applicable)

Documents Required with Pre-Approval Form

- Application of Selected Candidate
- Interview Summary (Form HR 007)
- Education and Work History Credit Worksheet (if requesting a salary)
- Competency Assessment and Career Development Plan (for Career Banded positions)

Submit the completed package electronically to Human Resources (HR) Staff or Employment Specialist (ES) that initially sent you the Referred List.

You will **not** make a Conditional Offer at this time.



NC DEPARTMENT OF PUBLIC SAFETY

Request for Candidate Pre-Approval

INSTRUCTIONS: This form is to be completed by the HIRING MANAGER. Complete and return this form with the Interview Summary (Form HR 007) to your HR Recruiter. Pre-Approval must be granted prior to extending a Conditional Offer of Employment (Form HR 018).

Recommended Candidate _____ Position # _____

Job Class Title _____ Working Title _____

Recommended Salary \$ _____ Salary Grade/Competency _____

JUSTIFICATION: Justification is required only for the selected candidate and any candidate with priority who **WAS NOT** recommended, if applicable. Justification should support salary recommendation and address any salary in inequities.

RIF PRIORITY: Were there any RIF priority candidates in the applicant pool? No Yes

For each RIF priority candidate **NOT** selected/recommended, please explain (*include the RIF applicant's name and reason for non-selection*).

Hiring Manager's

_____ (Typed/Printed Name) _____ (Title) _____ (Work Location)

_____ (Signature) _____ (Signature Date)

Section to be completed by HR

Salary Budgeted \$ _____ Requested \$ _____ Approved \$ _____

Explanation _____

Salary Administration Reviewer _____ Date _____

Signatures

Chief Deputy Sec./Designee Approval _____ Date _____

Secretary Approval (If applicable) _____ Date _____

Budget Approval (If applicable) _____ Date _____

Once signed/approved, return this form to the Hiring Manager.

EDUCATION AND WORK HISTORY CREDIT WORKSHEET

Name: Position:

Location: Title/Classification:

Required Education and Experience: See attached or type T and E here.

From		To		High School, College or University Course Work, Major or Degree	Semester Hrs.	Quarter Hrs.	Mths.	X	% Credit	=	Credit Months
Month	Year	Month	Year								
				High School			0	X	100%	=	0
				Tech/Comm Col Qtr Hrs			0	X	0%	=	0
				Tech/Comm Col Sem Hrs			0	X	0%	=	0
				Accredited School of Nursing			NA		0%	=	NA
				AAS Degree			24	X	0%	=	0
				4 Yr College Hrs			0	X	0%	=	0
				Bachelor Degree			48	X	0%	=	0
				Graduate Hrs			0	X	0%	=	0
				Masters Degree (1 Yr Program)			12	X	0%	=	0
				Masters Degree (2 Yr Program)			24	X	0%	=	0
				Advanced Degree		<-Enter Years	0	X	0%	=	0

If more than one option is available for minimum education requirement, check below the one being used for comparison.

HS: Associate: Bachelor: Masters: Nurse Sch: License Date:
 (0 mos) (24 mos) (48 mos) (12/24 mos) (12/24 mos)

Education Credit: 0
 Minus Required Education:
 = Total Education Credit: 0

From		To		Job Title or General Function	Total Months	X	% Credit	=	Credit Months
Month	Year	Month	Year						
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0
					0	X	0%	=	0

Total Education Credit:	0	\\Enter grade or SMR Amount\\		Work Credit:	0
Plus	+	\\Enter 0 in block not used.\\		Minus Required Experience:	<input style="width: 80px;" type="text"/>
Total Experience Credit:	0	\\GRADE\\	\\SMR\\	Total Experience Credit:	0
Total Qualifications Above Minimum:		0			

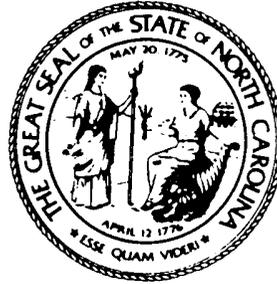
Months	Times	Equals	Plus 1	* SMR Min	Midpoint	Max Qualified Salary	Prepared By:
0.00	0.0041666	0.000	1.000	#N/A		SG Minimum	<input style="width: 80px;" type="text"/>
							Date Prepared:

Selected Grade or Minimum (USE ONLY ONE):

**Salary Grade
Maximum**

NORTH CAROLINA STATE GOVERNMENT

Competency Assessment and Career Development Plan



Department:	Division:	FY: 20 -20
Employee:	Position Title:	
Supervisor:	Position Title:	
Manager:	Position Title:	

<i>Competency Assessment Discussion</i>	
Supervisor Signature:	Date:
Employee Signature:	Date:
Manager Signature:	Date:
Position Competency Level	Employee Competency Assessment
C <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/>	C <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/>

The employee's signature does not indicate agreement with the overall assessment. The signature only indicates that the instrument was discussed on the dates indicated.

Functional Competency Assessment

Key Functional Competency	Comp. Level	Competency definition	Employee demonstration of competency	Level		
				C	J	A
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Career Development Activities (include Supervisor and Employee responsibilities):

Comments
<p style="text-align: center;"><u>Competency Assessment Discussion</u></p> <p>Employee Comments:</p> <p>Supervisor Comments:</p>

Phase II: The Approval Phase

HR Pre-Approval and Establish Salary

- Selected candidate approval
- Salary determined
- Salary exception approval
- >20% = OSP approval

DPS Approval Signatures

- Required signatures
- Budget approval

DETERMINING A SALARY

HR will determine an appropriate salary.

Increases greater than 20% must be approved by the Office of State Personnel (OSP).

Any salary or budget exceptions must be approved by management.

HR will notify the Work Location of the approved salary via email.

HR will pilot DocuSign.

DocuSign

DocuSign is a software company that provides [electronic signature](#) services on multiple platforms. DocuSign is the most widely used eSignature and is the fastest, most secure way to sign, send and store documents in the cloud. With DocuSign, you can sign anytime, anywhere on any Internet-enabled device.

Links to materials

<http://www.docusign.com/electronic-signature> A summary explanation of electronic signature.

<http://www.docusign.com/using-docusign> A video overview.

DocuSign offers Webinars periodically that anyone can sign up for. Go to this link to check for upcoming sessions:

<http://www.docusign.com/docusign-resource-center>

Library

The link to the library of materials is:

<http://www.docusign.com/support/docusign/documentation>

Click on Signer Guides to get the training information especially for signers.

Phase III: The Conditional Offer

Conditional Offer, I-9 and E-Verify

- Make appt with candidate*
*JJ and AC Certified Conditional Offer process handled at the REO.
- Candidate completes/signs forms
- I-9 and E-Verify
- Confirm forms completed
- Drug test, physical, testing (if applicable)

Final Approval & Identify Start Date

- Review all forms
- Approve hire
- Request start date
- Final letter to candidate



DPS CONDITIONAL OFFER CHECKLIST

- DPS Conditional Offer Letter (Form HR 008)
- DPS Employment Statements (Form HR 013)
- I-9 (Acceptable Documents for I-9)
- DPS Essential Job Function Verification (Form HR005, with EJFs attached)
- DPS Request for Reasonable Accommodation, if applicable (DPS-RRA)
- Mandatory Direct Deposit Notification, if applicable
- Direct Deposition Enrollment and Change Form, if applicable
- W-4 Employee Withholding Allowance Certificate, if applicable
- NC-4 Employee Withholding Allowance Certificate, if applicable
- DPS BEACON Data Form (Form HR 014)
- DPS Prior Service Form (Form HR 015)
- DPS Degree Verification Request, if applicable (Form HR 016)
- DPS Personnel Action Request (Form HR 017)

Insert section letterhead here.

<Enter DATE here>

<Enter CANDIDATE'S NAME here>

<Enter CANDIDATE'S ADDRESS HERE>

<Enter CITY, STATE and ZIP of candidate's address here>

Dear <Enter CANDIDATE'S NAME here>:

We are pleased to extend a conditional offer of employment to you for the position of <Enter position title here>. Your salary for this position will be \$<Enter SALARY here>. This is a (permanent full-time/permanent part-time) position. A final offer of employment will be extended to you only after you have satisfied all the requirements established by the Department. All applicants for the listed position are required to comply with these terms and conditions within six (6) months. This offer may be withdrawn at any time. As an applicant for a certified or non certified position within the Department, you must comply with the following terms and conditions:

1. Comply with any additional requirement specified by Federal or State Law, policy, or procedure associated with state employment, job performance standards, conduct standards or public health standards.
2. Be able to perform all the essential functions of the position listed above, with or without a reasonable accommodation.

(Work Location check terms and conditions below, if applicable):

3. Complete a physical and psychological screening including psychological tests as required by law or regulation.
4. Must be eligible for certification through the North Carolina Criminal Justice Education and Training Standards Commission.

Attached to this letter are employment statements that you are required to read. Please **INITIAL** all statements applicable for the employment transaction. You and a witness must sign and date the DPS Employment Statements (Form HR 013).

Sincerely,

<Enter HIRING MANAGER's printed name; sign after hard copy is printed.>

Attachments

I accept this conditional offer of employment.

(Candidate's Signature)

(Date)



North Carolina Department of Public Safety

Human Resources

DPS Employment Statements

All Employees

Please carefully read and initial all applicable statements. You and a witness must sign and date this form.

_____ **Overtime Pay or Compensatory Time Off Statement for All New Employees:** It has been explained to me, and I understand it is the Hours of Work and Overtime policy of the State of North Carolina to provide overtime compensation in the form of compensatory time off, rather than in monetary compensation, wherever possible. It has been explained to me, and I understand the decision to give either compensatory time off or monetary compensation is a decision to be made by management, and is not my choice. I understand acceptance of these policies is a pre-condition of my employment with the North Carolina Department of Public Safety.

_____ **Employment of Relatives Statement:** It is the policy of state government that persons considered for employment or promotion will be selected on the basis of training, experience and other characteristics which best suit the individual to the job to be performed. If conditions are such that it is necessary for relatives to be considered, the following will apply: "Two members of an immediate family shall not be employed within the same agency if such employment will result in one supervising a member of his/her immediate family, or where one member occupies a position which has influence over the other's employment, promotion, salary administration, or other related management or personnel consideration." The term immediate family shall be understood to refer to that degree of closeness of relationship which would suggest problems might be created within the work unit, or the public's philosophy of fair play in providing equal opportunity for employment to all qualified individuals would be violated. In general, this would include wife, husband, mother, father, brother, sister, son, daughter, grandmother, grandfather, grandson, granddaughter, etc. Also included are the step, half and in-law relationships as appropriate based on the above listing. It might also include others living within the same household or otherwise so closely identified with each other as to suggest difficulty. In addition, two family members are not permitted to work on the same shift and if either family member is promoted, the necessary personnel action will be taken to comply with the policy. I hereby certify I have read and understand the above policy and agree to any personnel changes necessary to remain in compliance with this policy.

_____ **Criminal Conviction(s) that Subjects an Individual to Firearms Prohibitions:** The federal statute "Domestic Violence Offender Gun Ban" at 18 U.S.C. § 922(g)(9) prohibits the possession or use of weapons by persons convicted of misdemeanors involving domestic violence. The North Carolina Felony Firearms Act at N.C.G.S. §14-415.1 prevents gun possession or use by persons convicted of a felony. Therefore, the Department may not employ individuals subject to these prohibitions into departmental positions that in the course of duty may involve the handling of firearms. I hereby certify I have read and understand that, should I be hired into a departmental position that may involve the handle of firearms, I will notify departmental management if I have such a conviction. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition if I falsely certify my eligibility for employment and it is subsequently discovered that I have a disqualifying conviction, I will be subject to termination of employment for the falsification.

For Criminal Justice Certified Positions in Juvenile Justice and Adult Correction

Please carefully read and initial all applicable statements

_____ **Criminal Justice Certified Position Statement:** I understand this is a Criminal Justice certified position. I understand probationary certification is granted for the first twelve (12) months of employment. I further understand that I must complete Basic Training within the first twelve (12) months of my employment in order to be granted General Criminal Justice Certification and to continue employment in a certified position. I understand acceptance of this requirement is a pre-condition of my employment with the North Carolina Department of Public Safety.

For Reassignment Only

_____ **Reassignment Statement:** I understand this is a reassignment.

Position # _____ **Position Classification:** _____, **Salary Grade/Level** _____ **to**
Position # _____ **Position Classification:** _____, **Salary Grade/Level** _____ **In**

addition, I also understand:

I **will** receive a cut in pay of _____% or \$ _____.

I **will not** receive a salary cut and **if** I am promoted back to the same pay grade/level I **may or may not** receive an additional increase.

Appointment Types

Please carefully read and initial applicable statement(s)

_____ **Probationary/Trainee Statement:** I understand my appointment is probationary/trainee. The conditions of probationary/trainee appointment have been explained to me. I understand the probationary/trainee appointment is an extension of the interview process and during this time I will be evaluated to determine if my performance and conduct meets acceptable standards. I understand the probationary appointment duration shall be for no less than three (3) months and no more than nine (9) months unless authorized by State Personnel. I understand the trainee appointment shall be for the duration which approximates the normal time for training needed for applicants with potential to meet the full job requirements. During this probationary/trainee period I understand if my performance or conduct is not acceptable, I will be separated from the Department of Public Safety and I will have no appeal or hearing. I further understand I am employed in a probationary/trainee status until credential verification has been completed. My performance and conduct will be the primary factors considered by management regarding their recommendation of me for permanent status; however, I understand I will not be granted permanent status in any position unless credential verification has been completed. I understand acceptance of this is a pre-condition of my employment with the North Carolina Department of Public Safety.

_____ **Temporary Statement:** I understand this is a Temporary Position for a duration of _____ months (12 months maximum). There is no guarantee this position will become permanent and I understand there are no State benefits (i.e. paid holidays, insurance, vacation and sick leave, etc.) associated with this position. Should this position become permanent, I understand normal recruitment and job posting will occur. I must apply for the position and be considered along with other applicants, if I so desire. I understand there is no guarantee I will be placed into another position upon the termination of this temporary position.

****NOTE:** There is not a time limit for the maximum number of months REUPS and Students can work in a Temporary position.**

_____ **Time-Limited Appointment Statement:** I understand my position, **(Position Classification)** _____ **(Position #)** _____ is a Time-Limited position for duration of _____ months. Due to the time-limited nature of my employment, I will not be entitled to rights or benefits under the Reduction-in-Force Policy, including Priority Reemployment Consideration and Severance Salary Continuation. There is no guarantee this position will become permanent. Should this position become permanent, I understand normal recruitment and job posting will occur. I must apply for the position and be considered along with other applicants, if I so desire. I understand there is no guarantee I will be placed into another position upon the termination of this Time-Limited position.

I understand the above applicable statements by my initials. In addition, I understand that it is my responsibility to seek answers or clarification on any DPS HR policy by asking my supervisor; contacting Human Resources; and/or referring to the HR website.

Candidate Signature

Date

Witness Signature

Date

I-9 Employment Eligibility Verification

The Department of Public Safety is required to document that each new employee (both citizen and noncitizen) hired after November 6, 1986 is authorized to work in the US. All employees hired and working in the US must complete Form I-9.

The work location is responsible for verifying the candidate's eligibility in person at the time they sign the Conditional Offer of Employment (Form HR 018). Section 1 of the Form I-9 is completed by the employee at the conditional offer of employment appointment. During the interview, the candidate received an Applicant Checklist of Employment Requirements (Form HR 012) which included a list of acceptable documents that must be provided during the conditional offer of employment appointment. When the work location contacts the candidate for the appointment, they should remind the applicant to bring the appropriate documentation. The work location should obtain those documents and make appropriate copies for the file.

The work location is responsible for completing Section 2: Employer Review and Verification and must do this within 3 business days of the conditional offer of employment. Specific work instructions for those responsible for completing the I-9 verification will be forthcoming.

The Department of Public Safety participates in the USCIS Electronic Employment Eligibility Verification Program (E-Verify)

E-Verify
Employment Eligibility Verification

OMB Control No. 1615-0092
Expiration Date 04/30/2015

WARNING - You are about to access a Department of Homeland Security (DHS) computer system. This DHS computer system and the data therein are property of the U.S. Government and provided for official U.S. Government information and use. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this computer system or of the data contained herein, or in transit to/from this system, may constitute a violation of section 1030 of title 18 of the U.S. Code and other federal or state criminal laws. Anyone who accesses a Federal computer system without authorization or exceeds his or her access authority, or obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer system, may be subject to administrative penalties, fines or imprisonment.

This DHS computer system and any related equipment is subject to monitoring for administrative oversight, law enforcement, criminal investigative purposes, inquiries into alleged wrongdoing or misuse, and to ensure proper performance of applicable security features and procedures. As part of this monitoring, DHS may acquire, access, retain, intercept, capture, retrieve, record, read, inspect, analyze, audit, copy and disclose any information processed, transmitted, received, communicated, and stored within the computer system. If monitoring reveals possible misuse or criminal activity, notice of such may be provided to appropriate supervisory personnel and law enforcement officials. DHS may conduct these activities in any manner without further notice.

Accordingly, there can be no expectation of privacy in the course of your use of this computer system. The use of a password or any other security measure does not establish an expectation of privacy. There is no expectation of privacy in any media, peripherals or other devices placed in or connected to the computer system.

By clicking "I agree" below or by using this system, you consent to the terms set forth in this notice.

I agree Paperwork Reduction Act

Continue

Your Division will need to identify who you want to have access to this system. HR will be requesting one list from each division before March 1. Once access is granted, the system provides an on line tutorial training.

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 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.**

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 (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
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 (month/day/year)
----------------------	-----------------------

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 (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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 (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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 (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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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 (if any): _____
-----------------------	-------------------	---------------------------------

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 (month/day/year)
--	-----------------------

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	
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)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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
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	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	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	8. Native American tribal document
9. Driver's license issued by a Canadian government authority		
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)
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	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)

ESSENTIAL JOB VERIFICATION

FORM HR 005

The candidate completes At Conditional Offer of Employment section.

Checks appropriate box

- with reasonable accommodation or
- without accommodation

Candidate signs and dates the form.

The Essential Job Functions and Essential Training Functions (if applicable) reviewed and signed at the interview remains attached to the Essential Job Verification (Form HR 005).

Should the applicant require an accommodation, the work unit location should be prepared to provide DPS-RRA Request for Reasonable Accommodation Form. The work unit location should contact DPS HR Employee Relations Section ADA Coordinator for consultation after the applicant completes the form.



Essential Job Functions Verification

Name: _____

Position #: _____

Location: _____

Provided Essential Job Functions for Position Title: _____

NOTE: For certified positions within the Divisions of Adult Correction and Juvenile Justice, Basic Training functions should also be provided.

**At Interview:
(Completed by Candidate)**

I verify that I have read and understand all of the Essential Job Functions related to the position indicated above. I further verify that I can perform the Essential Job Functions with or without a reasonable accommodation.

Signature

Date

**At Conditional Offer of Employment:
(Completed by Candidate)**

I verify that I have read and understand all of the Essential Job Functions related to the position indicated above. I further verify that I can perform the Essential Functions (please check ONLY one box):

with reasonable accommodation.* without accommodation.

Signature

Date

*If Accommodation is needed, applicant shall complete the **DPS-RRA (Request for Reasonable Accommodation)**.

Maintain a copy of this form at the work location.

TO BE COMPLETED BY THE INDIVIDUAL MAKING REQUEST:

Name: _____ Personnel Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check One: Employee Applicant

Position Classification: _____ Position #: _____ Staff ID: _____

Work Location: _____ Location #: _____

Medical Condition: _____

Brief explanation of accommodation(s) requested (attach all supporting documentation): _____

(If additional space is needed, use additional sheets and attach)

Check One: Short-Term Long-Term (If request is short-term, please provide anticipated duration): _____

Medical Release Statement: By this request for accommodation, I do hereby grant the Department of Public Safety permission to examine medical records and any other records related to this request on my medical condition.

Signature of Requestor

Date of Request

TO BE COMPLETED BY ADA COORDINATOR:

Temporary Job Assignment Modification:

Yes Beginning Date: ____/____/____ Describe: _____

No Indicate current status of employee (LWOP, Approved Leave, etc.): _____

Facility/Institution/Section ADA Coordinator Date

Facility/Institution/Section Head Date

TO BE COMPLETED BY APPROVING AUTHORITY:

Check One: Approved Denied Closed

Basis for Decision: _____

Signature of Approving Authority

Date



North Carolina
Office of the State Controller

Mandatory Direct Deposit Notification

(To be signed by all new hires, and rehires on and after August 1, 2007)

In accordance with the State Controller’s Policy issued July 1, 2007, as a condition of employment, a person hired or appointed to a position in a state agency on or after August 1, 2007, and who is serviced by a payroll center administered by the Office of the State Controller, shall be required to accept all payroll related payments by direct deposit. The policy may be viewed at the State Controller’s Website - http://www.ncosc.net/sigdocs/sig_docs/payroll/Payroll_Forms.html.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in the direct deposit feature within 30 days of being hired or rehired, and remain enrolled in the direct deposit feature during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

To be completed by employing agency:

Advertised Position #: _____ Position Title: _____

Hiring Agency Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 - Agency Human Resources Office; Copy 2 – Employee



**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM
FORM OSCPXA 01**

Mid-Month or Bi-Weekly

Monthly Payroll

Payroll Unit # _____
(to be completed by Payroll Office)

<input type="checkbox"/> ENROLL me in direct deposit		<input type="checkbox"/> CHANGE my direct deposit	
SOCIAL SECURITY NUMBER:	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY:	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:

Deposit to my **CHECKING** or **MONEY MARKET** account *(my name is on this account)*

Deposit to my **SAVINGS** account *(my name is on this account)*

I am ATTACHING *(check one and STAPLE HERE)*

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

a **CHECK** marked "VOID" with my preprinted name and current address

an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number

a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number shown below:

PLEASE NOTE:

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment **AFTER** a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account.*

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is** subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.*

I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

SIGNATURE:	DATE:
-------------------	--------------

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
<p>For accuracy, complete all worksheets that apply. {</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Social Security Number		Marital Status <input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Qualifying Widow(er)		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		M.I.	Last Name	
Address				County (Enter first five letters)
City	State	Zip Code (5 Digit)	Country (If not U.S.)	

(See Form NC-4 Instructions before completing this form)

1. Total number of allowances you are claiming (From Line F of the Personal Allowances Worksheet on Page 2)	
2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars)	.00
3. I certify that I am not subject to North Carolina withholding because I meet the following two conditions: <ul style="list-style-type: none"> • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and • This year I expect a refund of all State income tax withheld because I expect to have no tax liability. 	
<input type="checkbox"/> Check Here	
4. I certify that I am not subject to North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of _____	
<input type="checkbox"/> Check Here	
(Enter state of domicile)	
If line 3 or line 4 above applies to you, enter the year effective <u>20</u> and write "EXEMPT" here →	
5. I certify that I no longer meet the requirements for exemption on line 3 <input type="checkbox"/> or line 4 <input type="checkbox"/> (Check applicable box). Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2.	
<input type="checkbox"/> Check Here	



CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature _____ Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.

(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS)		FEIN		
Employer's Address				County (Enter first five letters)
City	State	Zip Code (5 Digit)	Country (If not U.S.)	

Personal Allowances Worksheet

- A. Enter "1" for yourself if no one else can claim you as a dependent A. _____
- IN ADDITION TO A. ABOVE:**
- B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____
- C. Enter "1" if you are a qualifying widow(er) C. _____
- D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return D. _____
- E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to reduce your withholding, complete the **Deductions, Adjustments, and Tax Credits Worksheet** below and enter number from line 14 E. _____
- F. Add lines A through E and enter total here and on line 1 of your **Employee's Withholding Allowance Certificate** F. _____

Deductions, Adjustments, and Tax Credits Worksheet

- 1. Additional withholding allowances may be claimed if you expect to have allowable itemized deductions exceeding the standard deduction. Enter an estimate of the total itemized deductions to be claimed on your federal tax return less the amount of any State income tax included in your federal deductions 1. _____
- 2. Enter $\left\{ \begin{array}{l} \$4,400 \text{ if head of household} \\ \$3,000 \text{ if single} \\ \$3,000 \text{ if married filing separately} \\ \$6,000 \text{ if married filing jointly or qualifying widow(er)} \end{array} \right.$ 2. _____
- 3. Subtract line 2 from line 1, enter the result here 3. _____
- 4. Enter an estimate of your federal adjustments to income and your State deductions from federal adjusted gross income 4. _____
- 5. Add lines 3 and 4 5. _____
- 6. Enter an estimate of your nonwage income (such as dividends or interest) 6. _____
- 7. Enter an estimate of your State additions to federal adjusted gross income. 7. _____
- 8. Add lines 6 and 7 8. _____
- 9. Subtract line 8 from line 5 9. _____
- 10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single; \$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result here. Drop any fraction 10. _____
- 11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single; \$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1" additional allowance 11. _____
- 12. Add lines 10 and 11 and enter total here 12. _____
- 13. If you completed this worksheet on the basis of married filing jointly, enter the number from line 12 that your spouse will claim 13. _____
- 14. Subtract line 13 from line 12 and enter the total here and on line E of the **Personal Allowances Worksheet** 14. _____



North Carolina Department of Public Safety

Human Resources

BEACON Data

(Internal Use Only)

Completed by Hiring Location

EE Work Location:	EE Work Phone #:
EE Name:	EE Personnel #:
Position Classification:	Position #:
Employee Group:	Employee Sub-Group:
Salary: \$	Supervisor:
IT0007 – Planned Working Time	
Work Schedule Rule: Defaults from Position (change if needed): _____	
Working Week: _____	Shift: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Rotating
<input type="checkbox"/> Part-Time Employee	Weekly Work Hours: _____

Completed by Employee

Infotype 0002 – Personal Data		
Last Name: _____	First Name: _____	Middle Name: _____
Social Security Number: _____ - _____ - _____		
Date of Birth: ____/____/____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

Infotype 0006 – Address (Permanent)	Address (Mailing, if different from Permanent)
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
County _____	County _____
Telephone: (____) _____ - _____	Telephone: (____) _____ - _____

Infotype 0006 - Emergency Contact Information	
Name: _____	
Address line 1: _____	
City: _____	State: _____ Zip: _____ County: _____
Telephone # : (____) _____ - _____	



North Carolina Department of Public Safety

Human Resources

BEACON Data (Internal Use Only)

Infotype 0094 - I-9 Residence Status	
<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien	
Infotype 0009- Bank Details	
Bank Name: _____ <input type="checkbox"/> 01-Checking <input type="checkbox"/> 02-Savings	
Bank Routing Number: _____	Bank Account Number: _____
Infotype 0022 – Education	
1. Diploma/Degree: _____	Major: _____
2. Diploma/Degree: _____	Major: _____
School Name: _____	Address: City: _____ State: _____
Dates Attended: From ____/____/____ To ____/____/____	
Infotype 0077- Additional Personal Data	
Ethnic Origin: <input type="checkbox"/> White (Non-Hispanic/Latino) <input type="checkbox"/> Black or African American (N-H/L) <input type="checkbox"/> Asian (Non-Hispanic/Latino) <input type="checkbox"/> American Indian or Alaskan Native (N-H/L) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (N-H/L) <input type="checkbox"/> Two or More Races (Non-Hispanic/Latino) <input type="checkbox"/> Hispanic/Latino	Veteran Status: <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam-era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Non-Veteran

I verify that the information provided is true, accurate and complete.

Signature: _____ Date: _____

Note: Employee's work location, phone number, and e-mail address will be published in the State directory.

Completed by HR

Action/Reason:	
Effective Date:	PCR #:
Verify: <input type="checkbox"/> Cross Agency Verification (B0157) <input type="checkbox"/> Position Vacancy (PPOSE) <input type="checkbox"/> Org Unit (PPOSE/PO13) <input type="checkbox"/> Position Pers. Subarea (PO13) <input type="checkbox"/> Position EE Subgroup (PO13) <input type="checkbox"/> Supervisor Pos # (PO13)	Date Workflow Initiated: _____ By _____ Date Workflow Approved: _____ By _____ Date Action Completed: _____ By _____ Date Checked: _____ By _____
Infotype 0019 – Monitoring of Tasks (check all that apply):	
1. Task Date: _____ Task Type: <input type="checkbox"/> End of Probation <input type="checkbox"/> End of Training Prog <input type="checkbox"/> Temp Appointment <input type="checkbox"/> Credentials <input type="checkbox"/> Other _____	
2. Task Date: _____ Task Type: <input type="checkbox"/> End of Probation <input type="checkbox"/> End of Training Prog <input type="checkbox"/> Temp Appointment <input type="checkbox"/> Credentials <input type="checkbox"/> Other _____	
COMMENTS:	

CREDITABLE SERVICE

Credit shall be given for full-time and part-time (*regularly scheduled for 20 hours or more per week*) permanent, probationary, trainee and/or time-limited employment with any State Agency or from one of the following State or local agencies in North Carolina (**Creditable service depends on agency and position being subject to the State Personnel Act.**):

1. ANY State Agency
2. Public School System of North Carolina
3. Community College System
4. Administrative Office of the Courts *
5. Local Social Services (*EXCEPT Wake County as of 12/6/96*)
6. Local Mental Health (*EXCEPT Wake County as of 12/6/96*)
7. Local Public Health Department (*EXCEPT Wake County as of 12/6/96 & Cabarrus County as of 07/01/98*)
8. Alcoholic Rehabilitation Centers (*EXCEPT Wake County as of 12/6/96*)
9. County Agriculture Extension Service (*Now called Cooperative Extension Services*)
10. General Assembly (*Credit for both permanent and temporary for legislative terms of members. No credit for Legislative Intern Program and pages.*)

* Total State Service credit is given but leave balances do not transfer for Judges, Magistrates, Assistant DAs, Assistant Public Defenders and/or Clerk of Courts.

NON-CREDITABLE SERVICE

Credit shall NOT be given for:

1. Temporary service (*EXCEPT General Assembly employees*)
2. Out-of-State service
3. Federal employment
4. City employment
5. County employment (*EXCEPT as indicated under Creditable Service above*)
6. Sheriff's department
7. Police department
8. Time while out on Leave-Without-Pay
(*EXCEPT for military leave and workers' compensation leave*)

NOTE: *Creditable service is creditable towards vacation, sick leave, longevity, service awards, and total state service.*



NC DEPARTMENT OF PUBLIC SAFETY Degree Verification Request

Print Form

Date of Request _____

TO	FROM
Name _____	Name _____
Address _____	Address _____
City _____ State NC Zip _____	City _____ State NC Zip _____
email _____	email _____

Applicant/Employee Degree/Education Information

Name _____ SSN _____ Date of Birth _____

Dates Attended From _____ To _____

Degree/Coursework _____

The above-named individual has applied for employment with the state of North Carolina and has signed the following statement on his/her Application for Employment.

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorized educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorized investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon my employment shall be mandatory if fraudulent disclosures are given to meet position qualification. (Authority: [G.S. 126-30](#); [G.S. 14-122.1](#)).

Your assistance in verifying the information requested below will be greatly appreciated and will be considered a service to the applicant and the State of North Carolina. A self-addressed envelope is provided for your convenience. Thank you for your cooperation.

(Applicant/Employee Signature (authorizing release) _____ Date _____

This section to be completed by Office of the Registrar

Enrolled From _____ To _____ **Hours Completed** _____ Semester _____ Quarter _____

Did student receive a (Check all that apply and specify in space provided below) Degree Diploma Certificate

Specify _____

(Printed/Typed Name of Registrar or Designee) _____ (Signature of Registrar or Designee) _____ (Date) _____ (Phone Number) _____

NOTE: Please use official stamp or raised seal.

Print Form

PERSONNEL ACTION REQUEST

FORM HR 017

Section 1 is completed as part of the Hiring Process.

This form is completed by the work location and placed on top of the final package submitted to HR, REO or ES.

Effective dates always on Monday.

Signature requirements are determined by the Division for submission during the Hiring Process.

HR has already obtained Division Approval during the Pre-Approval Process; therefore, the HR Office will accept one signature on the PAR during the hiring process.



NC DEPARTMENT OF PUBLIC SAFETY
Personnel Action Request (PAR)

(Last Name) (First Name) (Middle Name) (Personnel ID)
(Work Location) (Current Position Classification) Date Form Completed By:

Select the action(s) requested and attach supporting documentation indicated.

1. Personnel Action Submit to DPS HR Office or Regional Employment Office. Effective Date
Personnel Action Dates Position (From Date) (To Date) Name of EE Replaced
Posted

Complete Section (A) and (B) if transferring within DPS. For other actions (New Hires, Reinstatements, Reinstatements from LOA, Transfers from Other State Agencies, Status Changes), complete only section (B).

A. Present Information

B. Proposed Information

(Appointment Type) Status
(Temporary or Time-Limited Appt Only) Hours (Per Week) Duration (# of Months)
Position Classification
Banded Level or Grade
Position Number
From Location
Present Annual Salary
Increase Decrease Now \$ %
Increase Decrease Later \$ % 0

(Appointment Type) Status
(Temporary or Time-Limited Appt Only) Hours (Per Week) Duration (# of Months)
Position Classification
Banded Level or Grade
Position Number
To Location
Proposed Annual Salary
New Work Schedule Rule
New Working Week

2. Leave of Absence (LOA) Submit to DPS HR Office, Separations Section (Fax# 919-716-3797). Leave of Absence Request form signed by the supervisor should accompany LOA package, along with any supporting documentation.

Last Workday Expected Date of Return
Reason

3. Separations Submit to DPS HR Office, Separations Section (Fax# 919-716-3797). Leave cannot be exhausted after last workday unless separating due to RIF, retirement, transfer to another State Agency, or management approved ER matters. Attach a copy of resignation, if applicable.

Last Workday Effective Date Reason
Vacation Balance Sick Balance Bonus Leave Balance CSL Balance
Comp Time Balance Military Lv Balance AWL Balance Holiday(s) Due
FMLA Effective Date FML Balance FIL Effective Date FIL Balance

Comments:

Large empty box for comments.

Supervisor/Manager Signature

Date

Division Director (or Designee) Signature

Date

Final Recruitment / Hiring Packages

In Sections where Employment Specialists have been identified, all information shall be sent to the Employment Specialist for routing to the HR office.

Recruitment History Package (maintained by HR or Employment Specialist, if applicable):

The recruitment history documentation includes the following:

1. Request to Post form
2. Benchmarked interview questions
3. Essential job functions
4. NEOGOV Selection Log
5. Vacancy Announcement
6. Applications of candidates in most qualified group
7. Interview Summary form
8. Interview Rating forms for all applicants interviewed
9. Essential Job Function Verification forms for all applicants interviewed
10. Criminal History Record Check forms in sealed envelopes for all applicants interviewed
11. Professional Reference Check forms completed for selected or non-selected candidates
12. Licensure documentation on non-selected candidates (if applicable)

Hiring Package (maintained by HR as employee's personnel file):

The hiring/employment documentation includes the following:

1. Personnel Action Request form
2. Request for Candidate Pre-Approval form
3. Application of selected candidate
4. Education & Work History Credit Worksheet
5. Conditional Offer of Employment letter
6. DPS Employment Statements form
7. I-9 Employment Verification form and copies of documents (not applicable on a current DPS employee recommended for another position)
8. Mandatory Direct Deposit Notification form (not applicable on a current State Government employee recommended for another position)
9. Direct Deposit Enrollment Change form (not applicable on a current State Government employee if no change in banking information)
10. NC-4 & W-4 (not applicable on a current State Government employee if no change in allowances)
11. Beacon Data form
12. Prior Service form
13. Degree Verification form (not applicable on a current State Government employee if degree already verified)
14. Criminal background check documentation
15. Licensure documentation (if applicable)
16. Criminal Justice certification forms (if applicable)

Medical Package (maintained at the work location after employed):

Any medical documentation required for employment (i.e. physical, drug test results, psychological screening, etc) should be submitted to HR for determination of eligibility for hire. After employee begins work, the medical information will be returned to the work location for filing as an employee medical file which must be maintained separate from personnel documents.

Phase IV: Employee Start and Set-Up

Employee Starts

- Work location confirms employee's arrival
- BEACON/SAP action completed
- Hiring package/forms filed

Recruitment Close-out

- Letters sent to other candidates
- Close-out NEOGOV posting

HR Follow-up

- Appointment Changes
- Degree verification (within 90 days)

Use Section letterhead

<Enter DATE here>

<Enter CANDIDATE's NAME here>

<Enter CANDIDATE's ADDRESS here>

<Enter CITY, STATE and ZIP of Candidate's address here>

Dear <Enter CANDIDATE's NAME here>:

I am pleased to offer you the position of <enter POSITION TITLE and NUMBER here> with the <Enter DIVISION/SECTION here> effective <Enter EFFECTIVE DATE here>. This position is a <Enter SALARY GRADE or BAND LEVEL here>, with an annual salary of \$<Enter SALARY here>. This is a <Select position type from drop-down> position and is <Select from drop-down> from the Fair Labor Standards Act (FLSA).

Individuals receiving original appointments to permanent positions must serve a probationary period. The probationary period is an extension of the selection process and allows management time to evaluate your performance. After successful completion of the probationary period, you will be granted permanent status. Additionally, all new hires are required to attend New Employee Orientation. Details regarding your orientation will be provided on your first day.

Please plan to report to work at <Enter Facility/Office/Duty Station Name and Address here> on <Enter DATE and Time here>. Again, I would like to welcome you to the Department of Public Safety (DPS) and hope that this is the beginning of a rewarding career. If you have any questions, please do not hesitate to contact me at: <Enter contact information of HR Employment Specialist here>.

Sincerely,

<Enter name of HR Employment Specialist here>

Sample of Non-Selection Notice generated out of NeoGov to Non-Selected Applicants

(Date)

First name Last Name

Address

City, State Zip

Dear (Candidate):

Thank you for applying for the (Position Title) position, position number (#####) with the North Carolina Department of Public Safety. Your application was given serious consideration; however, another applicant has been selected for the position.

We encourage you to continue to review our postings on the state of North Carolina's online job application system at <http://www.osp.state.nc.us/jobs>, and to submit an application for any position for which you are qualified.

Again, thank you for your interest in the Department of Public Safety.

APPLICABLE POLICIES & RESOURCES

1. **Merit Based Hiring**
North Carolina Department of Public Safety Policy Manual, Chapter: Human Resources; Policy: Merit-Based Hiring; Section: Policy and Procedure; Issue Date: September 1, 2012; Pages 1-30.
https://www.ncdps.gov/emp/Policies/HR/DPS_MBH_Policy_090112.doc

2. **Americans with Disabilities Policy**
North Carolina Department of Public Safety Policy Manual, Chapter: Human Resources; Policy: Americans with Disabilities; Section: Definitions, Page 2; Section: Employment/Interviewing, Page 10; Section: Selection, Page 11; Issue Date: December 6, 2012.
https://www.ncdps.gov/emp/Policies/HR/DPS_ADA_Policy_111412.doc

3. **Request to Post**
Administrative Memorandum, Request to Post; Number 07-2012; Issue Date: July 7, 2012.
https://www.ncdps.gov/emp/hr/administrativememos/Request_To_Post_Form_0712.doc
Administrative Memorandum, Request to Post Position Form; Issue Date: July 27, 2012.
https://www.ncdps.gov/emp/HR/administrativememos/Admin_Memo_07-2012_RTPFORM.pdf

4. **I-9 Employment Eligibility Verification**
Department of Homeland Security, US Citizen and Immigration Services, OMB No 1615-0047, Expires 8/31/12, Form I-9, Employee Eligibility Verification
<http://www.uscis.gov/files/form/m-274.pdf>

5. **Immigration Employment of Foreign Nationals**
Office of State Personnel Policy Manual, Section 2, Recruitment, Selection, Immigration Employment of Foreign Nationals.
http://www.osp.state.nc.us/Guide/Policies/2_Recruitment%20and%20Selection/Immigration%20-%20Employment%20of%20Foreign%20Nationals.pdf

6. **DocuSign**
<http://www.docusign.com/electronic-signature>

R&E

REOs

Empl Spec

Non-Certified Positions

Post & Screen for assigned sections w/o employment specialists

Pre-approval, establish salary, final approval

Post & Screen Correctional Officers & JJ assigned facilities

Pre-approval, establish salary, final approval

Post & Screen for section

Work location gives conditional offer & completes paperwork with applicant AFTER pre-approval, sends final package to assigned HR

Sworn Positions

Post & Screen for assigned sections w/o employment specialists

Pre-approval, establish salary, final approval

Post & Screen for section

Section gives conditional offer, completes paperwork & certification req'ts with applicant AFTER pre-approval, sends final package to assigned HR

Certified Positions

Post & Screen Correctional Officers & JJ assigned facilities

Pre-approval, establish salary, complete paperwork & CJ req'ts with applicant, final approval *

** NOTE: JJ certification components are in the process of being transitioned to REOs (testing, fingerprinting, etc)*

Post & Screen for section

Selects candidate, notifies assigned REO, REO establishes salary, has applicant visit office for paperwork & certification req'ts, REO gives final approval

DPS Hiring Process - Details

Hire Phase	Hiring Activity	Step-by-Step Details	Forms Used	Completed by:					
				Work Loc't	HR	Mgmt	Candidate	Budget	OSP
PHASE 1	Post Position, Screen Applicants	Work location submits Request to Post	Request to Post	✓					
		WL submits & HR/ES reviews interview questions, benchmarks & Essential Job Functions	<i>Benchmarked Questions</i>	✓	Review				
			<i>Essential Job Functions</i>	✓	Review				
		HR/ES opens NEOGOV exam plan and posts position			✓				
		HR/ES screens all applicants			✓				
		HR/ES reviews RIF applicants, prior test scores, etc	RIF Verification (internal HR/ES)		✓				
	HR/ES sends NeoGov Referred List to work location	NEOGOV Selection Log	Review	✓					
		Copy of Posting & Applications	Review	✓					
	Interview & Screening Tools	WL schedules interviews	Interview Checklist	Review					
		WL instructs candidates to bring appropriate documentation (certification, licensure, etc.)		✓					
		WL provides Candidate Packet to candidates	Essential Job Functions Verification, part 1	provide			✓		
			Criminal History Record Check	provide			✓		
			Applicant Checklist of Employment Requirements	provide			Keep		
		WL Interviews with benchmarked questions	Interview Rating	✓					
		WL interview panel rates interviews	Interview Summary	✓					
		WL/HR Screening tools - testing (if applicable b/f or after interview)		✓	✓				
	References & Criminal Check	WL checks references	Professional Reference Check	✓					
		WL/HR conducts criminal background check		✓	✓				
	Select Candidate	WL selects candidate	Request for Candidate Pre-Approval	✓					
	PHASE 2	HR Pre-Approval & Establish Salary	WL submits & HR reviews interview & top candidate info	Interview Summary	✓	Review			
Request for Candidate Pre-Approval				✓	Review				
Copy of Application				✓	Review				
Competency Assessment (for banded classes only)				✓	Review				
HR analyzes equity and establishes salary. - Agency salary exceptions must have mgmt approval - >20% requires OSP approval		Education/Work History Credit Worksheet (for graded classes)		✓	If needed		If needed		
		<i>Equity Spreadsheet</i>		✓					
DPS Approval Signatures		WL obtains required signatures	[all forms submitted for pre-approval routed for approvals]	✓		✓	If needed		

DPS Hiring Process - Details

Hire Phase	Hiring Activity	Step-by-Step Details	Forms Used	Completed by:					
				Work Loc't	HR	Mgmt	Candidate	Budget	OSP
PHASE 3	Conditional Offer, I-9, eVerify	WL (or HR for JJ & AC certified positions) contacts selected candidate to continue the hiring process & makes appointment Candidate receives Conditional Offer of Employment letter and completes additional paperwork WL completes eVerify WL sends package to HR * NOTE: All above paperwork is completed at REOs for certified positions in JJ & AC, including drug, physical, psych, etc	Conditional Offer of Employment Letter	✓	✓		Read		
			Employee Statements	Provide	✓		✓		
			Form I-9 - Employment Eligibility Verification & Instructions	✓	✓		✓		
			EJF verification, part 2	Provide	Provide		✓		
			Mandatory Direct Deposit Notification	Provide	Provide		✓		
			Direct Deposit Enrollment	Provide	Provide		✓		
			W-4 Employee's Withholding Allowance Certificate	Provide	Provide		✓		
			NC-4 NC DOR Employee's Withholding Allowance Certificate	Provide	Provide		✓		
			Beacon Data	✓	✓		✓		
			Prior Service & Instructions	Provide	Provide		✓		
			Degree Verification Request	✓	✓		✓		
	Personnel Action Request	✓							
	Final Approval, Identify Start Date	HR reviews entire package; approves hire via email; requests start date				Review			
HR finalizes PAR		PAR - Personnel Action Request		✓					
HR/ES sends final Offer Letter		Final Offer Letter		✓					
PHASE 4	Employee Starts	WL notifies HR that new hire arrived to work		✓			✓		
		HR works Beacon/SAP action HR scans/files hiring package; sends I-9 to I-9 Specialist			✓				
	Recruitment Close-out	HR/ES closes out the NeoGov Exam Plan				✓			
		HR/ES sends letters to non-selected candidates	Final Closeout Letters			✓			
		HR/ES files recruitment paperwork				✓			
HR Follow-up	Probationary / Trainee appointment changes Degree verification confirmed				✓				

**N. C. DEPARTMENT OF PUBLIC SAFETY
ADMINISTRATION DIVISION
HUMAN RESOURCES
919-716-3800**

January 2013

Al Ragland	Director	919-716-3682
Jane Savatteri	Executive Assistant I	919-716-3702
Tracey Clarke	Receptionist	919-716-3800

EMPLOYMENT AND BENEFITS

The Employment and Benefits section provides services for the life cycle of the employee from recruitment to separation, as well as all the benefits, employment changes and maintenance of information throughout the employment period.

Tammy Penny	HR Deputy Director	919-716-3754
Beth Dail	Operations Specialist	919-716-3779
Pat Harris	Operations Specialist	919-716-3668

Benefits

Liz Brown	Benefits Manager	919-716-3784
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Retirement/Disability

Becki Johnson	Retirement & Disability Coordinator	919-716-3770
Kathy Branch	Retirement & Disability Specialist	919-716-3781
Britney Barbour	Retirement & Disability Specialist	919-716-3788

Leave Benefits

(FML/FIL, VSL, military, etc.)

Vacant	Leave Benefits Coordinator	
Sharon Prince	FML/FIL Specialist	919-716-3693
Ida Diaz	VSL & Military Specialist	919-716-3684

Workers' Compensation (W/C)

Tracy Ashworth	Workers' Compensation Coordinator	919-716-3775
Vacant	Workers' Compensation Specialist	
Arlene Dawson	Workers' Compensation Specialist	919-716-3782

Insurance Benefits & Employee Assistance Program

(State Health Plan, NCFLEX, Supplemental Benefits)

Vacant	Insurance Coordinator	
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Lt. Steve Lockhart	Law Enforcement Benefits Liaison (W/C & Retirement)	919-436-3025
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Regional Employment Offices**Vacant****Regional Employment Offices Manager****Western Foothills Regional Employment Office (Lenoir)****828-757-5601****Vacant****WFREO Manager****Ext. 223**

Lou Ann Avery

Recruitment & Employment Specialist

Ext. 225

Vacant

Recruitment & Employment Specialist

Vacant

Criminal Justice Hiring Specialist

Ext. 222

Lisa Ward

Pre-Employment Testing Specialist

Ext. 226

Kelly Pope

Pre-Employment Testing Specialist

Ext. 250

Teresa Hicks

BEACON/SAP Specialist

Ext. 227

Sonja Justice

Receptionist

Ext. 229

Piedmont Triad Regional Employment Office (Kernersville)**336-996-7129****Sharon Duncan****PTREO Manager****Ext. 606**

Janice Isaacs

Recruitment & Employment Specialist

Ext. 607

Vacant

Recruitment & Employment Specialist

Kathy Blackburn

Criminal Justice Hiring Specialist

Ext. 605

Tameika Faison

Criminal Justice Hiring Specialist

Ext. 609

Judy Johnson

Pre-Employment Testing Specialist

Ext. 603

Donald Blizard

Pre-Employment Testing Specialist

Ext. 604

Rhonda Hicks

BEACON/SAP Specialist

Ext. 602

Debra Barrett

Receptionist

Main Number

RALEIGH REGIONAL EMPLOYMENT OFFICE (Raleigh)**919-788-5346****Lisa Murray****RREO Manager****Ext. 233**

Jarlean Stuart

Recruitment & Employment Specialist

Ext. 236

Vacant

Recruitment & Employment Specialist

Mary Cameron

Criminal Justice Hiring Specialist

Ext. 229

Richard Damm

Criminal Justice Hiring Specialist

Ext. 234

Chantee Montague-Gee

Pre-Employment Testing Specialist

Ext. 237

Michele Sims

Pre-Employment Testing Specialist

Ext. 235

Hal Cooper

Pre-Employment Testing Specialist

Ext. 231

Carol Ray

BEACON/SAP Specialist

Ext. 239

Carol Hinesley

BEACON/SAP Specialist

Ext. 228

Erica Blackmon

Receptionist

Ext. 221

Kimberly Walls

Receptionist

Ext. 227

EASTERN CAROLINA REGIONAL EMPLOYMENT OFFICE (Greenville)**252-756-5501****Danita Campbell****ECREO Manager****Ext. 227**

Diane Craft

Recruitment & Employment Specialist

Ext. 237

Vacant

Recruitment & Employment Specialist

Vacant

Criminal Justice Hiring Specialist

Ext. 233

Vera Everette

Criminal Justice Hiring Specialist

Ext. 232

Sudie Smith

Pre-Employment Testing Specialist

Ext. 236

Vacant

Pre-Employment Testing Specialist

Ext. 229

Yvonne Meeks

BEACON/SAP Specialist

Ext. 234

Selena Ward

Receptionist

Ext. 238">

ORGANIZATIONAL DEVELOPMENT & PERFORMANCE

Leadership, Development, Career Development, Performance Management, Workforce/ Succession Planning, Rewards/Recognition, Strategic Planning, Process Efficiency/Organizational Performance, New Employee, Orientation, E-Learning.

Vacant	HR Deputy Director
Vacant	Personnel Assistant IV

Performance Management

Terri Butler	Performance Management Manager	919-716-3648
---------------------	---------------------------------------	---------------------

Curriculum & Training Development

Kathy Reitzel	Curriculum & Training Manager	919-716-3764
Tanishia Dawes	Curriculum Specialist	919-716-3802
Penney Mizell-Brooks	Curriculum Specialist	919-716-3084

Barbara Revels	Regional Training/Development Lead (Central Reg)	919-716-3768
Natalie Crookston	Training Specialist (Western Region)	828-575-5601
Kay Fowler	Training Specialist (Piedmont Region)	910-947-2990
Vacant	Training Specialist (Eastern Region)	

EMPLOYEE RELATIONS

This section serves as the resource for disciplines, grievances/appeals, investigations, mediations, unemployment insurance (UI), Fitness for Duty, Availability for work, ADA, and the RIF Program.

Kim Davis-Gore	Employee Relations Manager	919-716-3696
Margaret Murga	Employee Relations Specialist	919-716-3667
Toni Stuckey	Employee Relations Specialist	919-716-3785
Vacant	Employee Relations Specialist	
Brian Murray	ADA Compliance Coordinator	919-716-3759
Vacant	Employee Relations Specialist/UI	
