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| --- |
| **basic position INFORMATION** |
| **\*Home Department Name and ID#** |       | **\*Permanent full or part-time** | [ ]  FT [ ]  PT |
| **\*Position Title (B/R/C)** |       | **\*If time-limited, estimated duration** |       |
| **\*Working Title** |       | **\*Internal Recruitment only** | [ ]  Yes [ ]  No |
| **\*Position Number** |       | **Work Hours/Schedule** |       |
|  **POSITION POSTING CATEGORY (Choose One)** |
| Accounting/Finance/Auditing | [ ]  | Housekeeping and General Services | [ ]  |
| Administrative/Clerical Support | [ ]  | Human Resources | [ ]  |
| Engineering and Architecture | [ ]  | Information Technology | [ ]  |
| Environment, Health and Safety | [ ]  | Parking and Transportation | [ ]  |
| Facilities And Skilled Trades | [ ]  | Police/Security | [ ]  |
| Health Professional (Physician, Nurse/Other | [ ]  | Public Relations/Communications/Marketing | [ ]  |
| Other | [ ]  | **\*Supervisory Position** [ ]  Yes [ ]  No |  |
|  |       | **\*Is a waiver of the five-day posting requested?** | [ ]  Yes [ ]  No |
| **Waiver Reason**  | [ ]  To avoid Layoff[ ]  To effect disciplinary transfer | [ ]  To achieve mandatory reinstatement[ ]  To avoid critical work stoppage | **Justification**       |
|  |
| **\*New IT User Setup and Access Requirements (i.e., Email Account, Facilities AiM access)**       |
|  |
|  |
| **\*Position/Schedule Requirements and Attributes (Check all that apply)** |
| Animal Handler (non-DLAM) | [ ]  | Overtime | [ ]  |
| Asbestos Worker | [ ]  | Overtime occasionally | [ ]  |
| Clinic – UNCH or ACC | [ ]  | Patient Care involved  | [ ]  |
| Evening work  | [ ]  | Pesticide applicator | [ ]  |
| Evening work occasionally | [ ]  | Respirator, general use |  |
| Exposure to Bloodborne Pathogens | [ ]  | Rotating shifts | [ ]  |
| Exposure to Hazardous Materials | [ ]  | Rotating shifts occasionally | [ ]  |
| Laboratory | [ ]  | Shift work | [ ]  |
| Night work | [ ]  | Shift work occasionally | [ ]  |
| Night work occasionally | [ ]  | Valid NC Driver’s License | [ ]  |
| Non-Healthcare TB exposure | [ ]  | Weekend work | [ ]  |
| On-call | [ ]  | Weekend work occasionally | [ ]  |
| On-call occasionally | [ ]  |  |  |
| **\*Posting Open Date** |       | **\*Posting Close Date (Minimum is five days)** |       |
|  |  |  |  |
|  |  |  |  |
| **\*Reports to (supervisor name)** |       | **\*TIM (timecard) Approver** |       |
| **Applicant instructions and documents** |
| **Special Instructions to Applicants** |       |
| **\*Applicant Documents (Check all that apply)** |
| Curriculum Vitae/Resume | [ ]  Optional | [ ]  Required |
| Cover Letter | [ ]  Optional | [ ]  Required |
| Certification/Licenses | [ ]  Optional | [ ]  Required |
| List of References | [ ]  Optional | [ ]  Required |
| Degree Transcripts | [ ]  Optional | [ ]  Required |
| Media Presentation | [ ]  Optional | [ ]  Required |

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| **Supplemental Questions (optional)** |
| **Question** | **Responses (Open-ended or Possible Answers)** | **Disqualifying** | **Required** |
|       |       | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  |

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| **\*Search committee members and support personnel** |
|  **(List only committee members and administrative support personnel who must have application viewing rights)** |
| **Name** | **PID** | **Email** | **Chair** |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |

**\*Newspaper or Other Advertisement** [ ]  Yes [ ]  No