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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)** | | | | |  | | | |
|  |  | | | | | |  | | | | |  | | | |
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| **\*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** |
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**\*Newspaper or Other Advertisement**  Yes  No