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| **\*\*TO BE COMPLETED BY APPOINTMENT DEPARTMENT\*\*** |
| Appointee’s Full Name: |  |
| Primary Rank Title: |  |
| Base Department Name: |  |
| UNC PID Number: |  |
| **\*\*DEMOGRAPHIC DATA TO BE COMPLETED BY APPOINTEE\*\*** |
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| Address: |  |
| Date of Birth: |  |
| **EDUCATION** | **Name and Location of College or University** | **1Degree, Diploma, or Certificate** | **Date Conferred** | **Major** |
| Baccalaureate |  |  |  |  |
| Graduate or Professional |  |  |  |  |
| Other |  |  |  |  |
| **EXPERIENCE** | **Name of Employer** | **Rank or Title** | **Dates of Employment** |
| Current |  |  |  |
| Previous |  |  |  |
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| **1If the graduate degree has not been completed and the job code is graduate teaching fellow or senior teaching fellow, indicate the credit hours completed and attach copies of all relevant transcripts. Use additional pages if needed to document more than one graduate or professional institution attended.**  |

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| Appointee Initials: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ |

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| Appointee’s Full Name:  |
| UNC PID Number:  |

**\*\* CERTIFICATIONS AND CONDITIONS OF EMPLOYMENT FOR THE APPOINTEE \*\***

**In order to receive an appointment with the University of North Carolina at Chapel Hill, you must agree to the following conditions of employment:**

1. Federal law requires each new employee to complete the “Employee Information and Verification” section of the Federal Immigration Service Form I-9 and to submit certain original documents for examination in order to verify and certify identification and employment eligibility. The University requires the completion of these requirements no later than three (3) business days of the employee’s first day of work counting the first day.
2. In compliance with North Carolina law, the University verifies each employee’s legal status or authorization to work in the United States after hiring using the Department of Homeland Security’s E-Verify Program. Your employment will be terminated if you fail to comply with the employment authorization requirements or if it is determined that you are not authorized to work in the United States.
3. North Carolina law requires notice to every applicant for state employment that willfully providing false or misleading information or failing to disclose relevant information shall be grounds for rejection of an application or later disciplinary action or criminal prosecution. Dismissal from employment shall be mandatory in any case in which a false or misleading representation is made in order to meet position qualifications. The employer is required by law to verify an applicant's representations about credentials and other qualifications relevant to employment. By executing this document, you authorize the release to The University of North Carolina at Chapel Hill of any document or information within the possession of a third party, such as an educational institution or licensure board, that may serve to verify any representations made by you on this Form AP2s.
4. The University requires all of its employees hired on or after July 1, 1999 to be paid by “direct deposit” into a bank or credit union account. In order to satisfy this requirement, you understand you must submit the direct payroll deposit authorization (Form PR-8) to the University Payroll Department by the end of your first workweek. Your signature below certifies that you understand you will not receive a paycheck from the University until the appropriate payroll forms have been completed and submitted.

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| Appointee Initials: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ |

1. You understand that you are required to provide your U.S. Social Security Number (if one has been issued to you) so the University can satisfy its income-reporting and withholding obligations under North Carolina and federal laws. Unless this sentence is marked through and initialed by you, you voluntarily permit the use of your social security number for internal record keeping and information management operations. However, you understand you will be randomly assigned a University-generated personal identification number (PID) which the University will instead use whenever possible.
2. Consistent with any applicable wage-hour laws, you authorize the University to withhold from your final paycheck the cost of any State-owned property you fail to return when your appointment ends. You also authorize the University to withhold from your final paycheck the amount of any other debt you owe to the University.
3. You understand that you are required to comply with the University’s Department of Environment, Health and Safety (EH&S) policies and procedures regarding vaccines, medical surveillance or other required safety training within the first 10 days of your employment. Information regarding these policies and procedures is available on the web at: <http://www.ehs.unc.edu/manuals/ehsmanual/docs/5appendixb.pdf> or may be obtained by either asking your supervisor, your departmental Human Resources Facilitator or Manager, or contacting EH&S at telephone 919-962-5507. You further understand that if your position places you in a healthcare environment or your duties involve healthcare, you must also complete the items outlined in the "EHS Conditions of Employment" document in accordance to the time frames and frequency specified. This document will be provided to you by your appointing department. If you do not receive this document and your position places you in a healthcare environment or your duties involve healthcare, you may also obtain a copy on the web at: <http://www.ehs.unc.edu/manuals/ehsmanual/docs/5appendixb.pdf> or by contacting EH&S at 919-962-5507.
4. You understand that to comply with University policy if your position’s duties include engaging in University healthcare activities you must disclose to your Department Head, Dean, Division Chief, the Office of Human Resources Employee & Management Relations Division or the Chair of the University’s AIDS Task Force if you are currently, or later become, infected with either the HIV or the Hepatitis B viruses.
5. State law requires each permanent employee regularly scheduled to work 30 hours or more each workweek to participate in either the Teachers’ and State Employees’ Retirement System (TSERS) or the Optional Retirement Plan (ORP). The appointee makes an irrevocable election of one of these retirement plan options within 60 days of his/her hire effective date. Each employee presently is required to contribute six percent of his/her gross salary by payroll deduction, and that the State retains the right to amend the contribution rate.

North Carolina law requires certification that you are in compliance with the registration requirements of the Military Selective Service Act (<http://www.sss.gov/must.htm>) prior to appointment. The University is required by law to verify such compliance. If you do not answer affirmatively to either Question A, B or C listed below, you will be notified that a proposed finding of ineligibility for employment will be finalized, unless, within 30 days, you provide information which establishes compliance with the registration requirements of the Military Selective Service Act.

**(Select A, B, or C)**

**A. \_\_\_** I certify that I am registered with Selective Service.

**B. \_\_\_** I certify that I am not required to be registered with the Selective Service because (select one):

 \_\_\_ I am a female. \_\_\_ I am under the age of eighteen years.

 \_\_\_ I was born before 1960. \_\_\_ I ama non-immigrant alien.

 \_\_\_ I am in the armed services on active duty (Reserves and National Guard are not considered on

 active duty.)

 \_\_\_ I am a permanent resident of the Trust Territory of the Pacific Islands or Northern Mariana Islands.

 **C.**  **\_\_\_**  I certify that my requirement to be registered with the Selective Service has expired or is inapplicable,

 and (select one):

 **\_\_\_** I was registered when the requirement was applicable to me.

 \_\_\_ I was not registered when the requirement was applicable to me, but my failure to register was

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| Appointee Initials: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ |

 not a knowing and willful failure to register. Please explain on attached signed and dated sheet.

1. I understand that to comply with University guidance regarding the Ebola epidemic, I must abide by travel restrictions, screening, and reporting requirements if I should travel to/from affected nations and/or may have been exposed to the virus.  I understand that if I travel to an Ebola-affected area, I am required to contact both the NC Communicable Disease Branch and UNC Environment, Health and Safety for a risk assessment prior to my return to campus and/or UNC Health Care facilities. Further, I understand that employees should register all international travel in the UNC Global Travel Registry (<http://globaltravel.unc.edu/>). This registry provides specific travel and risk-related guidance.  UNC has placed information about its response to the Ebola epidemic on the following website: <http://ehs.unc.edu/emergency/ebola.shtml>.

Appointee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For graduate teaching fellows appointed as instructor of record for a general education or baccalaureate degree course:*

I certify that a minimum of 18 post-graduate credit hours related to the instruction provided has been completed.

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_