

Human Resources

Conviction Disclosure

The University will consider the nature of the offense, relation to your position, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you. ([For more information, refer to NAU Policy #1.085](#)).

*Have you ever been convicted of, plead guilty, or “no contest” to a crime that has or has not been expunged or removed from your record?

No

Yes

Protected Veteran Status

This university is a government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment certain categories of veterans. These categories of protected veterans include Disabled Veterans, Active Duty Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans, and Recently Separated Veterans, which are defined below. As a government contractor subject to VEVRAA, we are required to solicit this information from our employees, and your response will assist us in measuring the effectiveness of our outreach and positive recruitment efforts. We also maintain an affirmative action plan for protected veterans, designed to ensure that we recruit, hire, train, and promote all persons in all job titles, and ensure that all other personnel actions are administered, without regard to protected veteran status. We are also required to submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to each specific category of protected veterans.

Submission of this information is voluntary. Refusal to provide a response will not subject you to any adverse treatment. Responses will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (3) government officials engaged in enforcing VEVRAA may be informed.

The term “Disabled Veteran” is defined as a (1) veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

The term “Active Duty Wartime or Campaign Badge Veteran” means any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

The term “Armed Forces Service Medal Veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

The term “Recently Separated Veteran” is defined as any veteran discharged or released from active duty in the past three years.

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*I belong to the following classifications of protected veterans (choose all that apply):

- Disabled Veteran
- Recently Separated Veteran - Enter Separation Date (MM/DD/YYYY): _____
- Active Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

-
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
 - I am NOT a protected veteran
 - I choose not to disclose.

Invitation to Self-Identify

Providing this information is voluntary, but you are encouraged to respond so that the university can meet its obligations as a federal contractor. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The requested information is consistent with our obligations as a government contractor and needed to fulfill federal and state reporting requirements and affirmative action monitoring. It will be kept confidential, except as expressly allowed under the law. Contact the Office of Affirmative Action and Equal Opportunity, (928) 523-3312, TTY (928) 523-1006, <http://nau.edu/affirmative-action/> regarding requests for accommodation and questions about the University's affirmative action program.

- Mark this box if you choose not to disclose this information. Anything you have previously disclosed to Northern Arizona University will remain a part of your record.

*Ethnicity:

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

- Yes
- No

*Race:

- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- I do NOT identify with any of the above races.

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Voluntary Self-Identify of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one of the options below:

- Yes, I have a disability (ore previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete. In order to request more information or for confidential questions, please call NAU Affirmative Action at 928-523-3312 or email at <http://nau.edu/affirmative-action/>.

Loyalty Oath

*I, the undersigned, hereby execute the document, 38-231: Officers and employees required to take loyalty oath; form; classification; definition.

- A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.
- B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.
- C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in section 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in section 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.
- D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.
- E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation.
- F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

I affirm that I am exempted from this oath according to the terms set forth in Section D above. *Please provide an explanation on a separate piece of paper and return it with this hiring packet.*

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office according to the best of my ability, so help me God (or so I do affirm).

*Arizona County where working: _____

*Department/Office: _____

*Full Legal Name: _____

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Final Instructions

Thank you for completing your new hire documents! Below is information that will help you prepare for beginning work at NAU.

Benefit Eligible Employees:

- Enroll in New Employee Orientation within the first month or two of employment Register Now for New Employee Orientation.
- Enroll in Benefits Orientation. You must enroll in benefits within your first 31 days of employment. Register Now for Benefits Orientation.

Non-benefit Eligible Employees (Temporary and Student Workers):

- Talk with your supervisor about orientation and training specific to your job.

All New Employees:

Review the New Employee Orientation Checklist to get started on the basics including:

- Your first paycheck
- Establishing your email account
- Identification cards
- Food services

Congratulations and welcome to NAU, you have completed your new hire documents! Please print and sign your hiring packet.

Mail in Your Hiring Packet

To protect your personal sensitive information, please send your hiring packet through a secured delivery such as FedEx. Please mail your completed hiring packet along with your completed Form I-9 with supporting identity and employment verification documents to:

Northern Arizona University
Human Resources/Hiring Packet
411 S. Beaver Street
PO BOX 4113
Flagstaff, AZ, 86011

It is not recommend that you send your hiring packet electronically because the email path may not be secured, but if it is more convenient for you, please scanned your signed hiring packet along with your completed Form I-9 with supporting identity and employment verification documents and email it to HR.Contact@nau.edu with a subject line, Human Resources/Hiring Packet.

Upon receipt, Human Resources will send you an email confirmation, to the email address you provided above, indicating that your hiring packet and completed Form I-9 has been received. If you need any assistance, please contact Human Resources at (928) 523-2223 or HR.Contact@nau.edu.

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Signature

*By providing my signature below, I certify that all of the above information is true and correct. Furthermore, by providing my signature below, I certify that I have read, I understand, and I have made applicable elections in each sections above, including but not limited, to the following:

- Personal Information, Mailing Address, Emergency Contact
- Level of Education
- Selective Service Certification
- Veteran Status Classification
- Receipt of ACA Consent
- Loyalty Oath Affirmation
- Conviction Disclosure

Signature: _____ Date: _____

Print Legal Name: _____

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Attachment "A"

To set up Direct Deposit in the electronic self-service, follow these instructions:

Log onto PeopleSoft.nau.edu using your NAU User ID and password, then navigate to Main Menu→Self Service→Payroll and Compensation→Direct Deposit. Before proceeding, please read the instructions carefully to prevent any errors. Once you are on the Direct Deposit Welcome page, click on the Add Account button and enter the following required information and click Submit button when finished:

- Your bank's Routing Number
- Your bank account number
- Account Type (Checking or Savings)
- Deposit Type (Amount, Balance of Net Pay or Balance)
- Amount or Percent
- Deposit Order (Example: 1 = First Account Processed)

For assistance, please contact the Human Resources office by emailing HR.Contact@nau.edu or calling 928-523-2223.

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Attachment "B"

New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

When key parts of the health care reform law (the Affordable Care Act or ACA) take effect in 2014, there will be a new way to buy health insurance: through the health insurance marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new marketplaces and employment based health coverage offered by your employer.

What is the health insurance marketplace?

The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace offers "one-stop shopping" to find and compare private health insurance options. You can enroll for health insurance coverage through the Marketplace during an enrollment period that begins in October 2013. Coverage can begin as early as January 1, 2014.

Can I save money on my health insurance premiums in the marketplace?

If you're eligible for coverage through your employer, you most likely will not be eligible for the subsidy through the marketplace because the State of Arizona Benefit Options Plan meets ACA requirements for minimum value and employee-only coverage is intended to be affordable. However, if you're not eligible for medical coverage through your employer, you may be eligible for a subsidy that lowers your monthly premium for coverage purchased through the marketplace.

Please note: The marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a subsidy. Alternatively, if you are not eligible for coverage through your employer, you may qualify for Medicaid depending on your household income. Please visit www.HealthCare.gov for more information.

How will enrolling in the marketplace affect health coverage through my employer?

If you purchase a health plan through the marketplace instead of enrolling for health coverage offered by your employer, you will lose any employer contribution to the State of Arizona Benefit Options Plan. Future enrollment in the State of Arizona Benefit Options Plan will be limited to open enrollment (which typically happens in the fall).

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources Benefits contact information included in the employer information chart. The marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. Visit <http://www.HealthCare.gov> for more information, including an online application for health insurance coverage and a Health Insurance Marketplace in your area.

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Information about health coverage offered by your employer

If you decide to complete an application for coverage in the marketplace, you will be asked to provide the information included in the chart provided. This employer information is numbered to correspond to the marketplace application.

If you decide to shop for coverage in the marketplace, <http://www.HealthCare.gov> will guide you through the process. The employer information you can enter when you visit www.HealthCare.gov will help you determine if you can get a subsidy (in the form of a tax credit) to lower your monthly premiums for coverage purchased through the marketplace.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to some employees and dependents. Eligible employees and dependents are:

Defined in the EPO, PPO and HSA plan descriptions (Article 2 Eligibility and Participation) posted on the Benefit Options website www.benefitoptions.az.gov.

- This coverage provided meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.

Employer Information:

3. Employer Name: Northern Arizona University
4. Employer Identification Number (EIN): 74-2579628
5. Employer Address: NAU Box 4113
6. Employer Phone Number: 928-523-2223
7. City: Flagstaff
8. State: AZ
9. Zip Code: 86011
12. E-mail Address: hr.contact@nau.edu
10. Who can we contact about Employee health coverage at this job? Human Resources Benefits