

NC Department of Public Safety

Human Resources

BEACON Data (Internal Use Only)

Completed by Hiring Location

Employee Name _____ BEACON Personnel # _____
Work Location _____ Work Phone # _____
Position Classification _____ Position # _____
Employee Group _____ Employee Sub-Group _____

IT0007 - Planned Working Time

Work Schedule Rule (WSR): Defaults from Position (change if needed) _____
Working Week _____ Shift 1st 2nd 3rd Rotating
 Part-Time Employee Weekly Work Hours _____

Completed by Employee

Infotype 0002 - Personal Data

Employee Name Last _____ First _____ Middle _____
SSN _____ Date of Birth _____ Gender _____ Marital Status _____

Infotype 0006 - Address (Permanent)

Address _____
City _____ State _____ Zip Code _____
NC Only _____
County _____ Phone # _____
County (If address is not in NC) _____

Infotype 0006 - Address (Mailing, if different from permanent)

Address _____
City _____ State _____ Zip Code _____
NC Only _____
County _____ Phone # _____
County (If address is not in NC) _____

Infotype 0006 - Emergency Contact Information (Please enter a primary and secondary contact in the space below.)

Primary

Name _____
Address _____
City _____ State _____ Zip Code _____
NC Only _____
County _____ Phone # _____
County (If address is not in NC) _____
Relationship _____

Secondary

Name _____
Address _____
City _____ State _____ Zip Code _____
NC Only _____
County _____ Phone # _____
County (If address is not in NC) _____
Relationship _____

Infotype 0094 - I-9 Residence Status

Citizen Non-Resident Alien Resident Alien

Infotype 0009 - Bank Details

Bank Name _____ 01 - Checking 02 - Savings

BEACON Data cont'd (Internal Use Only)

Infotype 0022 - Education

1. <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____	2. <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____
SCHOOL Major _____	SCHOOL Major _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Dates Attended 1. From _____ 1. To _____	2. From _____ 2. To _____

Infotype 0077 - Additional Personal Data

Ethnic Origin (Note: (N-H/L) = Non-Hispanic/Latino)

- American Indian or Alaskan Native (N-H/L)
- Asian (N-H/L)
- Black or African American (N-H/L)
- Hispanic / Latino
- Native Hawaiian or Other Pacific Islander (N-H/L)
- Two or More Races (N-H/L)
- White (N-H/L)

Veteran Status

- Non-Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- Vietnam-era Veteran

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

(Signature)

(Date Signed)

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 (BO157)	DATE Workflow Initiated _____ By _____
<input type="checkbox"/> Position Vacancy (PPOSE)	Workflow Approved _____ By _____
<input type="checkbox"/> Org Unit (PPOSE/PO13)	Action Completed _____ By _____
<input type="checkbox"/> Position Pers. Subarea (PO13)	Checked _____ By _____
<input type="checkbox"/> Position EE Subgroup (PO13)	
<input type="checkbox"/> Supervisor Pos # (PO13)	

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 Program <input type="checkbox"/> Temporary 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 Program <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Credentials
	<input type="checkbox"/> Other _____

COMMENTS