

Non-Paid Position Packet



The recruitment department is happy to assist on-boarding non-paid candidates into departments. Please follow the sponsoring department tasks below to ensure compliance with guidelines established by Children's Healthcare of Atlanta.

Sponsoring Department Tasks:

3-Weeks Prior to Start Date:

1. **Department submits** completed non-paid position packet via email to nonpaidpositions@choa.org
Please note:
 - a) All required information must be completed on each form to begin processing by recruitment. Incomplete packets will be returned, via email, to the sponsoring department.
 - b) The requested start date must occur on a Monday (per Children's requirements) and should be no sooner than 3 weeks from submission date.
2. **Candidate is contacted** by Recruiting to schedule a physical/drug/nicotine screen
3. **Department receives** a confirmation email from nonpaidpositions@choa.org confirming the processing of the candidate's criminal background screen and physical/drug/nicotine screen
 - a) Recruitment will contact the hiring manager again if any issues arise with the candidate's criminal background screen or physical/drug/nicotine screen.

1-Week Prior to Start Date:

3. **Department submits:**
 - a) **Badge appointment requests** to Julie Sandock, julie.sandock@choa.org
 - i. **Please include:**
 - Subject: *Non-paid Position Badge Request*
 - Appointment Time and Date (**no badging on Mondays, Saturdays, or Sundays*)
 - Candidate's First and Last Name, Department, Location(s), Title: Non-paid position: {insert specific title}, Start Date, End Date
 - ****Badge appointment dates should be requested for a date after the candidate's start date.**
 - b) **The IS&T Security Request Form** for computer, email, and necessary shared file access. The form is located on Careforce via: <http://careforce/securityrequest/>
4. **Department calls** the IS&T solution center at 404-785-6767 to activate the candidate's network/PeopleIQ account
 - a) *For Epic and Patient Care Provider Training, please see the contact list on page 2.*

Start Date:

5. **Department confirms:**
 - a) The candidate's completion of the New Employee Orientation computer-based training (CBT) via PeopleIQ
 - i. An email confirming CBT completion is released to the Office Park Security team granting the candidate badge clearance
 - ii. Candidate visits the Office Park Security Office during the scheduled badge appointment to receive their badge.
Office Park Security will not issue a badge without receiving an appointment request from the department sponsor AND a CBT completion email.

Contacts:

<i>PeopleIQ/Network Log-in Technical Issues:</i>	<i>IS&T Solution Center 404-785-6767</i>
<i>Badging Requests:</i>	<i>Julie Sandock julie.sandock@choa.org, x7630</i>
<i>Epic Training:</i>	<i>EpicTechnicalTraining@choa.org</i>
<i>Patient Care Provider Orientation:</i>	<i>Lisa Pugsley lisa.pugsley@choa.org, x7204</i>
<i>Learning Services: Trainer</i>	<i>Gillian Landgraff, gillian.landgraff@choa.org, x7829</i>
<i>Recruitment Coordinator: Non-Paid Positions</i>	<i>Hannah Sullivan Hannah.sullivan@choa.org, x58994</i>

Non Paid Position: Scope of Assignment Form

****To be completed by the sponsoring department representative:**



Placement Information

Position Title: _____

CHOA Supervisor Name/Title: _____

Department: _____ Location: _____

Start Date: _____ End Date: _____

Position Description (include project work, specific tasks, roles and responsibilities)

Candidate Information

Candidate receiving school credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate an Emory employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will candidate need computer access?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsoring Department: _____

Submitted by: _____ **Date:** _____

Non-paid Position: On-Boarding Checklist:

***To be completed by the sponsoring department representative:*



Candidate Name:		CHOA Campus:	
Candidate Phone:		Department:	
Candidate E-mail:		CHOA Supervisor Name:	
Date of Birth:		CHOA Supervisor Phone:	
Social Security Number:		CHOA Supervisor E-mail:	
Computer Access Required?	Yes No	Start Date:	
Emory Employee	Yes No	End Date:	

For Recruitment Use

VERIFICATION DATE OF COMPLETE PACKET & CONFIRMATION EMAIL SENT TO SPONSORING DEPARTMENT:
Date:
BACKGROUND: RECRUITMENT INITIATED :
Date initiated/Order Number:
Background complete date:
OCCUPATIONAL HEALTH APPOINTMENT:
Date/Time/Location: Scottish Rite or Egleston

****To be completed by the non-paid position candidate:**

APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Name as listed on your driver's license: (First Middle Last)	Current Address: (Street Address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Social Security No:*	Former Address: (1)
Date of Birth: _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____
Graduation Year: (Highest Level of Education) * For example: if you have a Bachelor degree, what year did you graduate college?	Former Address: (2)
	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Verified Persons, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.



APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

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