Bergen COMMUNITY COLLEGE
Around the Corner, Ahead of the Curve

■ NEW HIRE AUTHORIZATION FORM

Department of Human Resources

Position To Be Filled:_____ Department:_____
Budget Code For Position:_____ Supervisor of Position:_____
Search Chair:_____ Preferred Start Date: _____
Date Search Completed:_____ Employee to Report at:_____
Time/Place

To Be Completed By The Hiring Manager

Reference Checks Conducted and Satisfactory: _____
(Notes Attached) Signature/Comment

or

Written References Attached and Satisfactory:_____
Signature/Comment

or

Reference Checks Require Completion by Human Resources □

Name of Final Selection: _____
Name Telephone Number

Recommended by: _____
Hiring Manager Department/Division

Reviewed/Recommended by: _____
Vice President/Dean/Director Department/Division

Approved by: _____
Member/Executive Council Date

To Be Completed By Human Resources Only

Compliance Standards Met: _____

Employee Group:

□ Executive □ Administrator □ Faculty □ Professional □ Confidential

□ Ciarco Learning Center □ Support Staff (including 90-day Probationary Period)

Offer Accepted: □ Offer Rejected: □

_____
Reason (if known)

Start Date:_____ Board Meeting Date:_____

Starting Salary:_____

Faculty:_____ □ Ten Month / □ Eleven Month
(Step/Guide)

_____ _____
Chief Human Resources Officer Date

Rev. 10-08