

STATE OF NORTH CAROLINA An Equal Opportunity/Affirmative Action Employer		SSN (last 4 digits only)		Last Name	
Employer:			Address:		
Job Title:			Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer:			Address:		
Job Title:			Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		
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Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>					
_____ Signature of Applicant (unsigned applications will not be processed)					_____ Date