

STATE OF NORTH CAROLINA
An Equal Opportunity/Affirmative Action Employer

Social Security Number

Last Name

Employer:			Address:		
Job Title:			Supervisor's name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary		Ending Salary	Reason for Leaving:	
	\$ per		\$ per		
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, hours per week:					

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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.)

Signature of Applicant (unsigned applications will not be processed)

Date

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