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| STATE OF NORTH CAROLINA An Equal Opportunity/Affirmative Action Employer | | Last 4 digits of Social Security No. | Last Name |
| Employer: | | Address: | |
| Job Title: | | Supervisor's Name | Telephone Number |
| | | No. Supervised by you: | |
| Date Employed (mo./yr.) | Supervisor's e-mail | Reason for Leaving | May We Contact Employer YES NO |
| Date Separated (mo./yr.) | List major duties that demonstrate your competencies related to the position for which you are applying 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.) | Supervisor's e-mail | Reason for Leaving | May We Contact Employer YES NO |
| Date Separated (mo./yr.) | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | |
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| Part Time Years Months | | | |
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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 |