



# APPLICATION FOR EMPLOYMENT

<b>Applicant Name:</b>	<b>Last Four of SSN:</b>	<b>Phone Number:</b>
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## Work History – Continuation Sheet

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$            per	No. Supervised by you	Reason for leaving
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:			

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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)  
Unsigned applications will not be processed. Electronic signatures are acceptable.

Signature of Applicant

Date