

North Carolina State Government Application for Employment
Continuation Sheet --

STATE OF NORTH CAROLINA An Equal Opportunity/Affirmative Action Employer		Last 4 digits of Social Security No.	Last Name
WORK EXPERIENCE			
DATES:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)			COMPANY URL:
PHONE NUMBER:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:	
DUTIES:			
REASON FOR LEAVING:			
DATES:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)			COMPANY URL:
PHONE NUMBER:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:		# OF EMPLOYEES SUPERVISED:	
DUTIES:			
REASON FOR LEAVING:			
<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>			
<p>_____ Signature of Applicant (unsigned applications will not be processed)</p>			<p>_____ Date</p>