



**EMPLOYMENT RECORD** - Answer questions for each period of employment beginning with your *Present* or *Last* position.

(A) Title of Position \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Date Employed \_\_\_\_\_  
Date Separated \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(B) Title of Position \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Date Employed \_\_\_\_\_  
Date Separated \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(C) Title of Position \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Date Employed \_\_\_\_\_  
Date Separated \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**I CERTIFY** that I have given true accurate and complete information on this form to the best of my knowledge. In the event that 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 of 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