SS #: _____

NAME Signature Date

PREVIOUSLY EMPLOYED BY A NC SCHOOL SYSTEM OR STATE AGENCY? ____YES ____NO

IF YES, PLEASE LIST BELOW:

Record of North Carolina Service

Employment dates						Place of Employment	Position	LONGEVITY PURPOSES					
From			TO					PT or FT	No. of Yrs.	No. of Months	Anniver-sary Date	Total No Years	Total No. Months
Mo.	Day	Yr.	Mo.	Day	Yr.								

By above signature, I certify this information to be correct to the best of my knowledge