

Name: _____

Date of Application: _____

Employer		Address		
Job Title		Supervisor	Phone	# Supervised by you
Date Range Start: End:	Starting Salary per	Ending Salary per	Full Time Years: Months:	Part Time Years: Months:
Duties				
Reason for leaving				Contact Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Address		
Job Title		Supervisor	Phone	# Supervised by you
Date Range Start: End:	Starting Salary per	Ending Salary per	Full Time Years: Months:	Part Time Years: Months:
Duties				
Reason for leaving				Contact Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Address		
Job Title		Supervisor	Phone	# Supervised by you
Date Range Start: End:	Starting Salary per	Ending Salary per	Full Time Years: Months:	Part Time Years: Months:
Duties				
Reason for leaving				Contact Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. 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, false documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal 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.)
2. I understand that General Assembly employees are not subject to the State Human Resources Act. General Assembly employees serve "at the pleasure" of the Legislative Services Commission. This means that employment may be terminated with or without cause and/or advance notice by either the employer or the employee. However, termination by the employer may not occur due to discrimination prohibited by law.
3. I understand the General Assembly participates in E-Verify, an internet-based system operated by the US Department of Homeland Security (DHS) in partnership with Social Security Administration (SSA) to verify employment eligibility of newly hired employees. Applicants are urged to review information on the USCIS.gov website for E-Verify and Right to Work information.

Signature of Applicant

Date