

**Employment Application Addendum**

(Accepted for Continuous Posting positions ONLY)

Use additional addendum pages if necessary.

**STATE OF NORTH CAROLINA**An Equal Opportunity Employer  
North Carolina State Government

HR Use Only:

Date Rec'd: \_\_\_\_\_

HR Initials: \_\_\_\_\_

**PERSONAL INFORMATION**

POSITION TITLE:

EXAM ID #:

NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER (last 4 digits):

ADDRESS: (Street, City, State, Zip Code)     No change     Change per below:PHONE NUMBER:  No change     Change per below:EMAIL ADDRESS:  No change     Change per below:**EDUCATION** No change     Add per below:

DATES:

SCHOOL NAME:

LOCATION: (City, State)

DID YOU GRADUATE?

DEGREE RECEIVED:

 Yes     No

MAJOR:

UNITS COMPLETED:

**WORK EXPERIENCE** No change     Add per below:

DATES:

EMPLOYER:

POSITION TITLE:

ADDRESS:

COMPANY URL:

POSITION TITLE::

SUPERVISOR:

MAY WE CONTACT THIS EMPLOYER?

 Yes     No

HOURS PER WEEK:

SALARY:

# OF EMPLOYEES SUPERVISED:

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 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: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

Applicant Signature:

Date: