

Upper Coastal Plain Council of Governments An Equal Opportunity/Affirmative Action Employer		Last 4 digits of Social Security No.	Last Name
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
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Part Time Years Months			
If part time, number of hours worked per week:			
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.			
_____ Signature of Applicant (unsigned applications will not be processed)			_____ Date