Print Form

Employee's Record of Aggregate State of North Carolina Service

Name: _____ Social Security # _____

Last First MI

School Location/Now Employed: _____

Job Title: _____

Please list dates of full time or permanent part-time positions you have held with the state of North Carolina. If you were employed with a school system please list the name of the school you were employed as well at the name of the school system under place of employment.

From:			To:							
Month	Day	Year	Month	Day	Year	Years	Months	Place of Employment	Position Held	PT or FT

I certify that to the best of my knowledge, the above information is correct

_____ _____

Signature Date