## NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES DIVISION OF SOCIAL SERVICES

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NAME OF HOME		·	·		PHONE	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
ADDRESS								
Street		City		State	Zip		County	
APPLICANT'S NAME _			1		PHONE			
		SEC. #		DRIVER'S LIC		[C.#	C.#	
Are you or your spouse a county department of soc board of social services, or EDUCATION	ial services or	r a member	of the S	ocial Serv	vices Comn Yes	nission, o No	f any county	
Circle the highest grade co	ompleted:	1 2 3 4	5 6 7	8 9 10	11 12 GE	ED Colle	ege 1 2 3 4	
Schools	Name and I		<u> </u>	Dates At		Grad		
High School/GED	1100111	30 vive 2 2 2 2				Yes		
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College(s)	200 1 00 00 00 00 00 00 00 00 00 00 00 00				-	Yes	<u> </u>	
University(s)		and Andria.				No	1	
Alternative Examination				¥1. V	25 °C 1.	Yes	<u> </u>	
Supervisor-in-Charge						No		
Other educational	ard V	19 1 177	1	- 14 h. h.		Yes	23.74 P44	
vocational school	and the second	100		grade de		No		
Internships, etc.					g Historian	12 22 13		
LIST THOSE MEMBERS HOME							ENSED	
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Job Title:						
		Supervisor'	s Name:	No. Supervised by you		
Date Employed (mo/yr):	Date Separate	Date Separated (mo/yr):		Reason for Leaving:		
Duties:						
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			<u> </u>			
Employer:		Address:				
		Audress:				
ob Title:		Supervisor's	Name:	No. Supervised by you:		
ate Employed (mo/yr):	Date Separated	(mo/yr):	Reas	on for Leaving:		
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