





## TRANSPORTATION APPLICATION

### Employment Experience

From Month Year	To Month Year	Name, Address of Former Employer	Telephone Number	Supervisor

Please list this information for the past three (3) years. It must be complete and accurate.

I hereby certify that the information given is accurate and complete. If employed, I will abide by the policies and regulations of the Perquimans County Board of Education.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit application, references, transcripts, etc to:  
Personnel Department  
Perquimans County Schools  
PO Box 337  
Hertford, NC 27944**

The Perquimans County School System does not discriminate against any person on the basis of age, sex, race, religion, national origin, disability, genetics, pregnancy, parental or marital status.