



3. Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

6. Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

7. Have you attended a Funeral Director Program at a Mortuary Science College<sup>1</sup>? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete numbers 8-10 below.

8. Name of Mortuary Science College \_\_\_\_\_

9. Dates of Attendance \_\_\_\_\_

10. Date of Graduation \_\_\_\_\_ If not graduated, how many semester hours? \_\_\_\_\_

11. Did you take National or State Board Exam – Arts? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

If yes, were you successful? No \_\_\_\_\_ Yes \_\_\_\_\_

12. Did you take State Board Exam – Sciences or the North Carolina Pathology Exam? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

If yes, were you successful? No \_\_\_\_\_ Yes \_\_\_\_\_

13. Funeral Establishment at which Traineeship will be done:

\_\_\_\_\_

Address \_\_\_\_\_

Manager \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

14. Record of Occupations for Past Five Years:

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Nature of Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup> In order to be licensed as a funeral director after completion of a resident traineeship, one must possess a degree in mortuary science or have graduated from a Funeral Director Program, or the equivalent, from a program approved by the Board and accredited by the American Board of Funeral Service Education, and must pass examinations required by the Board.

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15. Are you or have you ever been certified, licensed or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? No \_\_\_\_ Yes \_\_\_\_\_

If yes, attach a statement providing the credential, state, issue date, expiration date, and exams taken.

16. Have you ever been denied a license in another state? No \_\_\_\_ Yes \_\_\_\_\_

If yes, attach a statement giving the name of the state and the reason for the denial of your application.

17. Have you ever been convicted of any crime, either a misdemeanor or felony? No \_\_\_\_ Yes \_\_\_\_\_

18. Are any criminal charges currently pending against you? No \_\_\_\_ Yes \_\_\_\_\_

**If yes, attach a statement giving complete details as to charge, date, place of trial, sentence, or other disposition. Provide the Board with a certified copy of all court records.**

19. Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice? No \_\_\_\_ Yes \_\_\_\_\_

**If yes, attach a statement giving complete details as to jurisdiction and allegations. Provide the Board with a certified copy of all pertinent records.**

20. Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice of incompetent practice? No \_\_\_\_ Yes \_\_\_\_\_

**If yes, attach a statement giving complete details as to jurisdiction and allegations. Provide the Board with a certified copy of all pertinent records.**

21. Within the preceding two (2) years, have you been the subject of any investigation for employee misclassification? No \_\_\_\_ Yes \_\_\_\_\_

**If yes, attach a statement giving complete details as to the results of the investigation.**

**NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT**

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the

North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov)

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

**AFFIDAVIT OF APPLICANT**

22. I, \_\_\_\_\_, being first duly sworn, deposes and says that I am the applicant named in the foregoing application. I affirm that I have read the foregoing application and that the same is true to my own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things I believe them to be true. I further understand that the Board reserves the right to make inquiries about me, including criminal record checks, and any of the information I have given in support of my application. I understand that, should a license be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, General Statutes of North Carolina and the Rules of the North Carolina Board of Funeral Service adopted pursuant to said Article.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public

**AFFIDAVIT OF LICENSED FUNERAL DIRECTOR OR FUNERAL SERVICE LICENSEE**

23. I, \_\_\_\_\_, duly licensed as a Funeral Director or Funeral Service licensee by the State of North Carolina, hereby certify that \_\_\_\_\_ (NAME OF APPLICANT) is a full-time employee of \_\_\_\_\_ (NAME OF FUNERAL ESTABLISHMENT) where I am employed as a funeral director or funeral service licensee. I have practiced funeral service continuously for at least the previous five (5) years. I have not had any disciplinary action taken by the Board against my funeral service or funeral director license within the preceding five (5) years. Likewise, no other jurisdiction has suspended or revoked my funeral service or funeral director

license during the preceding five (5) years. I hereby agree to notify the Executive Director of the Board when said Resident Trainee ceases his (her) training under me.

Supervisor Signature: \_\_\_\_\_

Supervisor License No.: \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public

**Note to Funeral Director or Funeral Service Licensee:** Failure to notify the Board upon the completion or termination of the Resident Traineeship of this Trainee **WILL** jeopardize the future training of Resident Trainees by you.