



## SURGICAL TECHNOLOGY EMPLOYMENT & VOLUNTEER VERIFICATION

One Stop Student Services - onestop@cwi.edu - 208.562.3000  
MS 3000 - 5500 E. Opportunity Dr. - Nampa, ID 83687 - cwi.edu/SURG

This form is used to provide healthcare employment and volunteer verification for applicants of College of Western Idaho's Surgical Technology program.

### APPLICANT INFORMATION

**APPLICANT:** Please complete the information below prior to forwarding this form to your supervisor for verification.

LAST NAME	FIRST NAME	M.I.
ADDRESS	CITY	STATE ZIP
STUDENT ID	PHONE	

### EMPLOYMENT VERIFICATION

**SUPERVISOR:** Please complete the remaining sections of this form in reference to the applicant above.

NAME	POSITION / TITLE	
FACILITY NAME		
FACILITY ADDRESS	CITY	STATE ZIP
APPLICANT'S POSITION / TITLE	PHONE	
START DATE	END DATE	HOURS/WEEK

Please list the applicant's responsibilities while in this position:

If not currently employed at the above facility, Is the applicant eligible for rehire?

Yes    No



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Comments:

### SUPERVISOR ACKNOWLEDGEMENT

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SIGNATURE

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DATE

**RETURN TO APPLICANT:** Place this form in a sealed envelope, sign across the seal to ensure official recognition, and return to the applicant for submission.