

# CWI Surgical First Assistant Employment Verification Form

One Stop Student Services – 208.562.3000 – [cwi.edu](http://cwi.edu)

**Applicant: Please fill out the top portion of this form and sign the bottom prior to giving it to your supervisor.**

LAST NAME	FIRST NAME	M.I.	CWI STUDENT ID	
ADDRESS	CITY		STATE	ZIP CODE
PHONE NUMBER (INCLUDING AREA CODE)			CWI EMAIL ADDRESS	

## EMPLOYMENT VERIFICATION

Dates of		Facility Information			Position/Title	Hours per Week or FTE
Experience		Name of Facility	Address	Phone		
Start	End					
Verification of Specialties		Superior	Above average	Average	N/A	
General Surgery						
Orthopedics						
Genitourinary						
Neuro						
OB/GYN						
Ophthalmic						
Oral/Maxillofacial						
Peripheral Vascular						
Plastics						
Cardiothoracic						
Procurement						

Should this applicant be selected for the CWI Surgical First Assist program, this department will support this person by providing every reasonable opportunity for clinical training.

Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Additional Supervisor comments:**

---

---

---

---

**I AGREE TO THE CONFIDENTIAL RELEASE OF THIS INFORMATION AND EMPLOYMENT VERIFICATION**

---

STUDENT SIGNATURE

---

DATE

***RETURN TO APPLICANT ENCLOSED  
IN A SEALED ENVELOPE.  
DO NOT FAX OR MAIL TO CWI.***

FA2023