



SURGICAL TECHNOLOGY HEALTHCARE EMPLOYMENT & VOLUNTEER VERIFICATION

One Stop Student Services - onestop@cw.edu - 208.562.3000
P.O. Box 3010 - Nampa, ID 83653 - cw.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

SIGNATURE

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.