SPOKANE COMMUNITY COLLEGE

NURSING PROGRAM APPLICATION FORM

GENERAL EMPLOYMENT

TO BE COMPLETED BY APPLICANT

I would like to request your assistance in providing verification of my employment with your organization. I have applied for acceptance to the Spokane Community College Program. This form is necessary to complete my application to the Registered Nurse Program at Spokane Community College. My signature below authorizes my former or current employers to provide the information requested below.

Student's Name (typed): _____
Last *First* *Middle*

Student's Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYMENT SUPERVISOR

(Handwritten employee forms will be accepted)

Student's Name: _____
(Last) (First) (Middle)

Supervisor's Name: _____

Facility / Business name: _____

Address: _____
Street or PO box *City* *State* *ZIP Code*

Phone: _____
###-###-####

Position or title held:

_____

Primary duties or responsibilities: _____

Start and end dates of employment within the last five years:

_____

Number of hours worked within the last 5 years: _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and accurate.

Supervisor's Name (Please Print): _____

Supervisor's Signature: _____ Date: _____