Community Colleges of Spokane

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 Practical Nursing Program. Thisform 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
(This section may be handwritten by the supervisor)

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 applicant held while employed with your organization:

_____

Primary duties or responsibilities: _____

_____

Start and end dates of employment <u>within the last five years</u>:

_____

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: _____