



# 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. This form is necessary to complete my application to the Practical Nursing 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 within the last five years: \_\_\_\_\_

Total 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: \_\_\_\_\_