



HEALTHCARE EMPLOYMENT VERIFICATION

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 1.888.562.0454 fax
5500 East Opportunity Drive - Nampa, ID 83687 - www.cwidaho.cc

LAST NAME FIRST NAME M.I. CWI STUDENT ID -OR- SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIPCODE

PHONE NUMBER (INCLUDING AREA CODE) DATE OF BIRTH

EMPLOYMENT VERIFICATION

Date of Experience		Facility/Company Information			Position/Title	Hours per Week or FTE
Start	End	Name of Facility	Address	Phone		

Work Responsibilities (if known):

Is this person eligible for rehire? YES NO

Verified by**: _____
Signature of Supervisor / Human Resources Title

Print Name of Supervisor Date

**** Verification must be completed by a Direct Supervisor or Human Resources at the specified facility or company. Speak with Casey Brown of Student Services, as listed above if questions.**

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.