



SURGICAL TECHNOLOGY HEALTHCARE EMPLOYMENT/VOLUNTEER VERIFICATION FORM

LAST NAME FIRST NAME M.I. PHONE NUMBER (INCLUDING AREA CODE)

ADDRESS CITY STATE ZIP CODE

CEI STUDENT ID #

EMPLOYMENT/VOLUNTEER 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

COMMENTS:

I AGREE TO THE CONFIDENTIAL RELEASE OF THIS INFORMATION AND EMPLOYMENT VERIFICATION

STUDENT SIGNATURE

DATE

**RETURN TO APPLICANT.
DO NOT FAX OR MAIL TO
CEI.**