

**SANTA FE COLLEGE  
HEALTH SCIENCES PROGRAMS**

**WORK EXPERIENCE FORM**

**\*\*\*\*NOT TO BE USED FOR VOLUNTEER EXPERIENCE\*\*\*\***

<b>APPLICATION INFORMATION</b> (TO BE COMPLETED BY PROGRAM APPLICANT)	
Name:	Telephone:
ID #:	SF Program Name:
Address:	Apt/Lot #:
City/State:	Zip:
The employer listed below is authorized to release the information requested for my program application.	
Applicant Signature:	Date:

<b>EMPLOYER INFORMATION</b> (TO BE COMPLETED BY EMPLOYER)	
Employer Name:	
Address:	
Telephone Number for Verification:	
Dates of <b>Full-Time Employment</b> :	From:                      To:
Dates of <b>Part-Time Employment</b> :	From:                      To:                      *Average hrs/wk:
<i>*If "PRN" or number of hours varies, please indicate the average number of hours per week.</i>	
Position Title:	
Duties (describe patient care, if applicable):	
Employer Signature:	Date:
Position/Title:	

**Health Sciences Programs Applicant:** Please upload this form to your online application. No paper copies will be accepted.