

**ILLINOIS CENTRAL COLLEGE  
HEALTH CAREERS PROGRAM  
WORK/VOLUNTEER EXPERIENCE FORM**

Name:	ID#:
Address:	Apt:
City/State:	Zip Code:
Telephone: (     )	

The employer/manager listed below is authorized to release the information requested for my application.

<b>Applicant Signature:</b>	<b>Date:</b>
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<b>EMPLOYER/MANAGER INFORMATION</b> (TO BE COMPLETED BY EMPLOYER or MANAGER)	
Employer/Manager Name:	
Address:	
Telephone number for verification: (     )	
E-mail address:	
Dates of <b>Full Time Employment:</b> From:    /    /            To:    /    /	
Date of <b>Part Time Employment:</b> From:    /    /            To:    /    /	
Dates of <b>Volunteer Work:</b> From:    /    /            To:    /    /	
Average hours/week:	
Position and/or Title of Applicant:	
Duties (please describe responsibilities of position held by applicant):	
<b>Employer/Manager Signature:</b>	<b>Date:</b>
Position/Title:	

**Please place this form in  
sealed company envelope**

**To be submitted with application packet**