

KAUAI COMMUNITY COLLEGE  
CAREER LADDER NURSING PROGRAM

HEALTH CARE WORK EXPERIENCE DOCUMENTATION FORM

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER**

Name of Company / Facility \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Job Title of Applicant \_\_\_\_\_ Certification held by Applicant \_\_\_\_\_

Employment Status (please check) Full time \_\_\_ Part time \_\_\_ Per diem \_\_\_ Volunteer \_\_\_  
Currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of employment \_\_\_\_\_ End date \_\_\_\_\_

Total number of hours completed \_\_\_\_\_ or Average weekly hours \_\_\_\_\_  
( only count hours up to May 1)

Attach a current position description or provide a detailed description of the position duties in the space provided below:

Please provide the following information, contact info will only be used to verify information on document.

Supervisor Name and Title: \_\_\_\_\_

Telephone Number : \_\_\_\_\_ Email address: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_