

Job Shadow Application



Last Name:		First Name:	Middle Initial:
Home Address:			
City, State, Zip:			
Home Phone:		Cell Phone:	
E-mail:		Date of Birth:	
Name of School (if applicable):		Year in School (if applicable):	
<input type="checkbox"/> Please check if job shadow is for a formal job placement.			
If you are under 18 please list name and contact information for parent/legal guardian:			
Name:			
Relationship:		Contact #:	
Parent/guardian signature:			
Occupation or department you want to shadow:			
Name of person you would like to shadow with, if known:			
Briefly describe your reason for wanting to job shadow, including your learning and career objectives, number of hours you want to shadow, observational requirements, etc.			
What date(s) are you available for your job shadow? Job shadows are scheduled from 8-10 a.m.			
Emergency Contact Name (1):			
Relationship:		Phone:	
Emergency Contact Name (2):			
Relationship:		Phone:	
Do you have any limitations or special needs which need accommodation? Explain:			
Have you ever volunteered or been employed by Allen Hospital? If yes, when?			
Have you ever been arrested or convicted of a crime? List dates and charges.			
Do you have family members employed at Allen Hospital? Who?			
The information provided on this application is true and complete to the best of my knowledge. I have read the self-study orientation.			
Date:		Signature:	