

# Supplemental Health Care <sup>SM</sup>

STAFFING SPECIALISTS

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## Education Form

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_

have applied for employment with Supplemental Health Care. I authorize my past and present School/University to provide information on my education.

X \_\_\_\_\_

Applicant's Signature

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Your name was given as a reference for: \_\_\_\_\_

### Education Verification

Name of School/University: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_