

Application for Job Shadowing



First Name _____ Last Name _____

Email _____ Phone _____

Current Address _____

Permanent Address (If different from current) _____

Are you an Independence Health System Employee? (Circle) Yes / No

Are you currently attending school? (If Yes, please answer the following questions) Yes / No

School Name _____

School Faculty Advisor Name _____

School Faculty Advisor Email _____

School Current Grade Level _____

Requested Departments to Shadow (Please describe below)

Independence Health System Location (First choice) _____

Independence Health System Location (Second choice) _____

Please describe your career goals

Available Dates _____

Agreed to Terms Yes / No

