



# EXTERN/EMPLOYMENT CANDIDATE REQUEST FORM

REQUEST DATE: \_\_\_\_\_

*Please fax back form to 561-964-5685. No cover page is needed. For questions or concerns, please call 561-966-5411 or email Marysol at mgarcia@mipb.us*

## REQUESTING COMPANY PROFILE

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Website: \_\_\_\_\_

## POSITION INFORMATION

Position: \_\_\_\_\_

Position Description: \_\_\_\_\_

Position Type:  Externship  Full Time  Part-Time  Seasonal

Salary: \$ \_\_\_\_\_  N/A (*Student Externing Only*)

Job Location: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Application Requirements  Resume  PPD/Physical (*Medical Assistants Only*)  
 Background Check (*Pharmacy Technicians Only*)  Other \_\_\_\_\_

*Do Not Write Below Internal Use Only*

Graduate/Student Referred: \_\_\_\_\_ Program: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_