Corewell Health™

Candidate Contact Checklist

Candidate Full Name

Social Security Number (Last 4)
US Only (If they do not have a US SNN put N/A in the box)

Date of Birth

Full Home Address

Phone Number

Email Address

Position

Shift

Available Start Date

Time Off Requested

BLS Expiration Date

Licensure Expiration Date

History with Corewell Health (previous employment, application history etc.)

Required Attachments:

Resume / CV   References

Skills Checklist + Attestation   License / Certificate Verification