



APPLICATION FOR WORK STUDY EMPLOYMENT

Name _____

Last First Middle

Address _____

P.O. Box/Street City State Zip

Telephone Number _____ E-Mail _____ Student ID# _____

Position applied for _____ Department _____ Supervisor _____

Do you have any experience, knowledge, skills, abilities, or qualifications that you feel would especially fit you for work with Eastern Arizona College in the position applied for?

Are you related to anyone employed at EAC? If so, who?

List below the last two places of employment, beginning with current or most recent employment:

Name _____ Job Title _____

Address _____ Supervisor _____ Phone _____

Hourly Wage _____ From: _____ To: _____ Reason for leaving _____

Describe the work you did including major responsibilities of your position: _____

Name _____ Job Title _____

Address _____ Supervisor _____ Phone _____

Hourly Wage _____ From: _____ To: _____ Reason for leaving _____

Describe the work you did including major responsibilities of your position: _____

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature

Date