



APPLICATION FOR WORK STUDY EMPLOYMENT

Last Name: _____ First Name: _____ Student ID# _____

Address: _____
P.O. Box/Street City State Zip

Telephone Number: _____ Email: _____

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: _____

Have you been awarded Federal Work Study? YES NO

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

Applicant's Signature

Date