



EASTERN ARIZONA COLLEGE

APPLICATION FOR WORK STUDY EMPLOYMENT

Last Name _____ First Name _____ Student ID# _____

Address: _____
Street/P.O. Box _____ 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: _____	

Do you qualify for **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