



EASTERN ARIZONA COLLEGE

APPLICATION FOR WORK STUDY EMPLOYMENT

Last _____ First _____ Student ID _____

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

Telephone Number _____ Email _____

Position applied for _____ Department _____ Supervisor _____

List experience, knowledge, skills, abilities, or qualifications that you feel would especially fit you for work for the EAC Work Study Program:

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

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 have completed the current year FAFSA Application Yes No

I am currently an employee of EAC Yes No

Current Housing Status With Parent On-Campus Off-Campus

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

Signature _____

Date _____