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

Last Updated 07/01/2025