



EACC Career Pathways

Self-Employment Documentation

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Name of Employer/Supervisor: \_\_\_\_\_

Employer/Supervisor Telephone Number: \_\_\_\_\_

Dates Worked: ("**Dates worked**" on this form must cover the dates of benefits period.)

Month and Year: \_\_\_\_\_

Dates Worked: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_ (At least four hours per month)

Hourly wage: \_\_\_\_\_ (Must be minimum wage or more)

I hereby certify that the statement above are true and accurate to the best of my knowledge.

Student's Signature: \_\_\_\_\_

Student's Current Telephone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_