2024-2025 EECU Business Financial Services Pathway Application

Application Date: _



Apply by: February 15, 2024

Application Date	·				* See la	st page for	instructions
Applicant Information							
First Name			Last Name		Middle Initial		
Street Address					Apartme	nt/Unit #	
City			State		ZIP		
Phone Number			Email Address				
Student ID No.							
Referral Source: How did you hear about us? CTE Assembly Counselor EECU/CWHS Website Clovis Unified CTE Night Morning Announcements Student currently in the program. I was referred by: Other							
Do you have any friends or relatives working for EECU? Yes No If yes, please list names and relationship: Name Relationship Name Relationship Have you applied to the EECU pathway before? Yes No							
Education							
High School							
In the fall semester, will you be a junior or senior?							
Availability							
Do you have any extra-curricular activities such as sports or clubs that you may be involved with during the 2024-2025 school year? If so, please list the activities here. We strive to accommodate your availability.							

Job Skills							
Indicate any foreign languages you can speak, read, and/or write along with your level of ability:							
Language	Feak: ad: te:	luent	Good	d	Fair	None	
List any special skills, training, awards, or personal strengths:							
Work Experi	ience (Employment, bab	ysitting,	yard	wor	k,	vol	unteer work, etc.)
Employer					Pho	ne	
Job title					Sup	ervis	or
Job description/ responsibilities							•
Date employed	to	Reason for leaving					
May we contact yo	ur previous supervisor for a reference	ce?	YES	5	ſ	10	
Employer					Pho	ne	
Job title					Sup	ervis	or
Job description/ responsibilities							
Date employed	to	Reason for leaving					
May we contact yo	ur previous supervisor for a reference	ce?	YES	5	ſ	10	
In a few brief sentences, describe why you would like the opportunity to work for EECU:							

Teacher/Administrator Reference						
Please list one teacher or administrator who has knowledge of your work performance. This person cannot be a relative. A letter of recommendation is preferred.						
Name of Teacher or Administrator		Phone Number				

Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program, I understand that false or misleading information in my application or interview may result in my release. Completing the Application to Participate does not guarantee acceptance.

Instructions

Please email the completed form to StudentApplications@myeecu.org by using your **personal** email address (**do not use your CUSD email address**) or submit the application in person by visiting the EECU Clovis West branch located on the Clovis West High School campus, 1070 E Teague Ave., Fresno, CA 93720.