



Employee Assistance Program Coordinator Application

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code _____
Preferred Phone: _____ E-Mail: _____
(to receive important EAP related communications)
Job Title: _____ Company Department/Mail Code: _____
Company Employee/File #: _____ Company Seniority Date: _____
Airline/Employer: _____ Local Lodge: _____

Thank you for your interest in the IAM EAP Program. We look forward to speaking with you upon completion of this application. Fill out the application and return it to your Regional Representative.

Please tell us about your interest in becoming an EAP coordinator:

What talents, abilities, skills and characteristics do you have that will help you as an EAP coordinator?

List all of your volunteer experience and the type of work involved:
