International Student Program

OPT Employer Information Form

This form must be submitted to ISO within ten days of accepting employment. You may fax the completed form to the number above, mail or bring it to International Student Office. If you have not submitted a copy of your EAD Card, please attach it to this form.

Last Name: _____   **First Name:** _____

SSN: _____   **Student ID#:**_____

Phone Number: _____   **E-mail:** _____

Employer Information:

Employer Name (or Company): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Date you will begin working:_____

Answer the following questions;

1. Is this job related to your major?   Yes   No

  * If you answered "yes", briefly describe how this job is related to your major:

_____

_____

2. Will you be working at least 20 hours per week?   Yes   No

3. Is this a paid position?   Yes   No

4. Will your employer provide you with health insurance coverage?   Yes   No

By signing this form, I certify that the information above is true to the best of my knowledge.

_____   _____
          Student's Signature   **Date**