

On-Campus Employment & Social Security Number

If you already have a Social Security Number, please complete Step 2, Step 5 and Step 6.

Step 1: Find Employment & Obtain Employment Letter (Form 10-1304)

- ☐ Find Employment– <https://handshake.emich.edu/> & www.emich.edu/oiss/employment/on-campus-employment/index.php.
- ☐ Have employer print and complete **Employment Letter (Form 10-1304)** on their letterhead stationary (signed in blue ink). Please see sample for required format.

Step 2: Employment Eligibility Verification Form I-9

- ☐ Bring original, most recent **I-20/DS-2019, passport** and **I-94** card/printout (I-94 printout can be obtained at www.cbp.gov/I94)
- ☐ Fill Section 1 of the Form **I-9**, sign and date where indicated (see sample)
STUDENT EMPLOYEES – UACDC, 200 McKenny Hall
GRADUATE ASSISTANTS – Human Resources, 140 McKenny Hall
Independent Contractor Employees (Chartwells/Dining Services, Bookstore, etc.)– *with employer*

Step 3: Gather Documents for Social Security Number application – Come to OISS

- ☐ Bring original, most recent **I-20/DS-2019, Passport, Visa** and **I-94** card/printout (I-94 printout can be obtained at www.cbp.gov/I94)
- ☐ Bring original **Employment offer letter** (on letterhead, employer signature in blue)
- ☐ Bring GA Offer letter, if applicable. OISS will issue a new I-20 for graduate assistants.
- ☐ OISS will complete the bottom portion of the Employment Letter.

Step 4: Apply for your SSN - You must wait at least 10 days after initial entry into U.S., complete the OISS immigration check-in and have an active SEVIS record!!!

- ☐ Completed **SSN Application**. For the fillable PDF of the application, visit <https://www.ssa.gov/forms/ss-5.pdf>.
- ☐ **Employment Offer Letter**
- ☐ Passport with I-94 card/printout (original AND photocopy)
- ☐ **Latest I-20/DS-2019 (original AND photocopy)**

Take these original documents to the Social Security Administration (address and map in packet) to apply for your SSN. **Be sure to get a receipt from the officer to confirm that you applied for a SSN.**

Step 5: Upon receipt of your original Social Security Card

- ☐ Sign it (in **blue** ink)
- ☐ Take original card to employer (below) for proof of number and store in safe location (not your wallet!)
 - **Student** employees–Student Employment, 200 McKenny Hall
 - **Graduate Assistants**– Human Resources, 140 McKenny Hall
 - **Independent** employees (Chartwells/Dining Services, Bookstore, etc.)– with employer

Step 6: Complete Payroll Office procedures

For details on tax exemptions, visit www.emich.edu/oiss/forms/index.php and review the FICA Exemption Summary

STUDENT EMPLOYEES AND GRADUATE ASSISTANTS

- ☐ The Payroll Department uses GLACIER Online Tax Compliance System to determine if international employees are exempt from taxes. To request access to GLACIER, please send an email to tax.questions@emich.edu. In the email include your name and E ID number. Please allow at least 48 hours for a response.

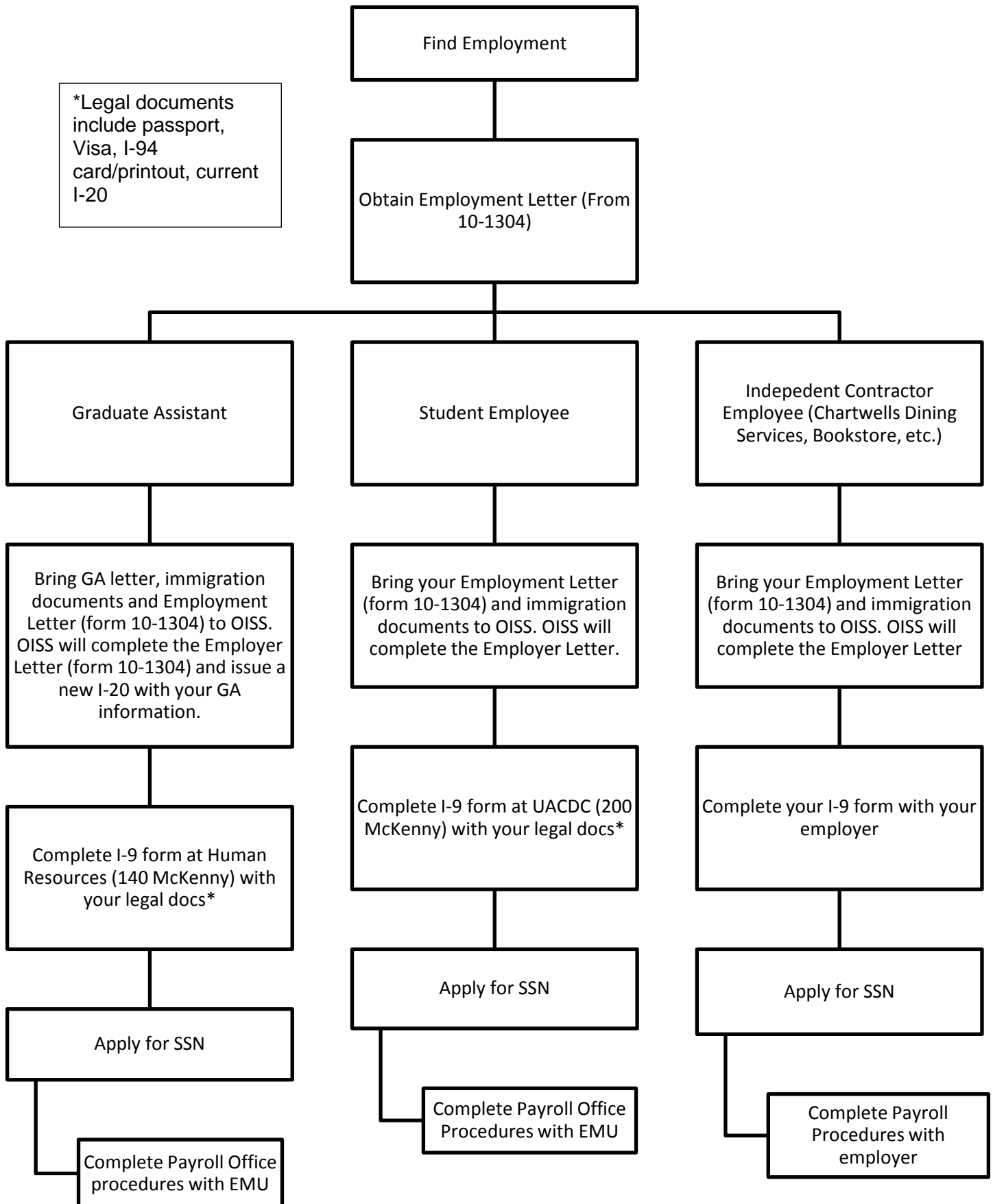
Independent Contractor Employees (Chartwells/Dining Services, Bookstore, etc.)

- ☐ Ask your employer for Payroll procedures

EMU Office for International Students & Scholars 240 Student Center www.emich.edu/oiss 734.487.3116

Updated: August 24, 2017 Z:\Student_Affairs\sa-ois\Documents\MASTER\Social Security Number & I-9 form\On Campus Employment & Social

*Legal documents include passport, Visa, I-94 card/printout, current I-20



Date_____

This is evidence of on-campus employment for _____.
(Name of F-1/J-1* student)

Nature of student's job responsibilities: _____
(cashier, receptionist, office assistant, etc.)

Start Date: _____ Number of Hours/Week: _____

Employer Contact Information:

_____386005986_____
(Employer Identification Number)
_____734-_____
(Employer Telephone Number)

By completing and signing this employment verification document, I understand that:

- 1.) **This student may work up to, but no more than, 20 hours/week while school is in session and 29 hours/week during school break. To determine whether a week is in session or on school break, please contact Career Services at (734) 487-0400.**
- 2.) **This student may only work on campus.**

(Name and Title of Student's Immediate Supervisor)

(Immediate Supervisor Signature, no stamps)

*** J-1 students must have on-campus work authorization in their SEVIS record.**

**(Please do not write below this line. This section is for
Office for International Students and Scholars' use only.)**

Designated School Official— Office of International Students Representative

Typed or printed name

Date

Phone Number

☐ Add work
authorization
in SEVIS- for J
students only

Date: _____

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Sample

Form Approved
OMB No. 0960-0066

| | | | | | | |
|--|---|-----|---|---|-----------------------|--|
| 1 | NAME TO BE SHOWN ON CARD | | First NEMO | Full Middle Name | Last YONG | |
| | FULL NAME AT BIRTH IF OTHER THAN ABOVE | | First | Full Middle Name | Last | |
| | OTHER NAMES USED | | | | | |
| 2 | Social Security number previously assigned to the person listed in item 1 | | | [] [] [] - [] [] - [] [] [] [] | | |
| 3 | PLACE OF BIRTH Melaka | | Malaysia | | Office Use Only | |
| | (Do Not Abbreviate) City | | State or Foreign Country | | FCI | |
| 4 | DATE OF BIRTH | | 09/23/1988 | | | |
| | MM/DD/YYYY | | | | | |
| 5 | CITIZENSHIP (Check One) | | <input type="checkbox"/> U.S. Citizen <input checked="" type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3) | | | |
| 6 | ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7 | RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input checked="" type="checkbox"/> Asian | | |
| 8 | SEX | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| 9 | A. PARENT/ MOTHER'S NAME AT HER BIRTH | | First | Full Middle Name | Last | |
| | B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) | | [] [] [] - [] [] - [] [] [] [] <input type="checkbox"/> Unknown | | | |
| 10 | A. PARENT/ FATHER'S NAME | | First | Full Middle Name | Last | |
| | B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) | | [] [] [] - [] [] - [] [] [] [] <input type="checkbox"/> Unknown | | | |
| 11 | Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.) | | | | | |
| 12 | Name shown on the most recent Social Security card issued for the person listed in item 1 | | First | Full Middle Name | Last | |
| 13 | Enter any different date of birth if used on an earlier application for a card | | MM/DD/YYYY | | | |
| 14 | TODAY'S DATE 09/04/2012 | | 15 DAYTIME PHONE NUMBER 734 485-5987 | | | |
| | MM/DD/YYYY | | Area Code Number | | | |
| 16 | MAILING ADDRESS (Do Not Abbreviate) | | Street Address, Apt. No., PO Box, Rural Route No. 43213 Apple Drive City Canton State/Foreign Country Michigan ZIP Code 48197 | | | |
| I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge. | | | | | | |
| 17 | YOUR SIGNATURE | | 18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify | | | |
| DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) | | | | | | |
| NPN | | DOC | NTI | CAN | ITV | |
| PBC | EVI | EVA | EVC | PRA | NWR DNR UNIT | |
| EVIDENCE SUBMITTED | | | | SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW | | |
| | | | | DATE | | |
| | | | | DCL DATE | | |

Maps to Social Security Administration (SSA)

3971 Research Park Dr, Ann Arbor, MI 48108

Be sure to check the hours before going to the SSA as the hours vary daily: www.ssa.gov

