

Student Employment & Social Security Number Application

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

- Find Employment.
- Have employer (hiring department) print and complete **Employment Letter (Form 10-1304)** on their letterhead stationary (signed in blue ink). Real signature required.
- New students MUST complete SEVIS check-in. Email oiss@emich.edu for further instructions.

Step 2: Employment Eligibility Verification Form I-9

- [Use this link](#) to complete section one of the I-9 (Location: Student Employment).
- Complete section two with the Student Employment Office Monday – Wednesday, 8:00am – 5:00pm.
 - Located in the University Advising and Career Development Center (UACDC) 200 McKenny Hall.
- Bring original, most recent **I-20/DS-2019, passport** and **I-94** card/printout.

Step 3: Gather Documents for Social Security Number application

- Schedule appointment with OISS by emailing oiss@emich.edu.
- Bring original, most recent **I-20/DS-2019, Passport, Visa** and **I-94** card/printout.
- Bring original **Employment offer letter** (on letterhead, employer signature in blue).
- 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 SEVIS check-in and have an active SEVIS record at least 7-10 business days!*

Take the following documents to the Social Security Administration (SSA) office:

- Completed **SSN Application**. For the fillable PDF of the application, visit <https://www.ssa.gov/forms/ss-5.pdf>.
- Employment Letter (10-1304)**
- Passport with I-94 card/printout (**original AND photocopy**)
- Latest I-20/DS-2019 (original AND photocopy)**

Students who reside in the Ypsilanti/Ann Arbor area can visit the Ann Arbor SSA office.

- 3971 Research Park Dr, Ann Arbor, MI 48108
- *Monday – Friday 9:00am – 4:00pm

Student who do NOT reside in the Ypsilanti/Ann Arbor area can locate their local SSA office at:

- <https://www.ssa.gov>
- As a reminder, never turn over original documents for an office to keep and return to you later.
- Please note different offices may have different procedures, please call ahead to verify.

Step 5: Upon receipt of your original Social Security Card

- Sign it (in **blue** ink).
- Contact Student Employment Office to make arrangements to provide SSN number.
- Remember to store your card in a safe place!

Step 6: Complete Payroll Office procedures

- 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.

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

<input type="checkbox"/> Add work authorization in SEVIS- for J students only Date: _____
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SOCIAL SECURITY ADMINISTRATION *Sample*

Application for a Social Security Card

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

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3	PLACE OF BIRTH	Melaka	Malaysia	Office Use Only	4	DATE OF BIRTH	09/23/1988
	(Do Not Abbreviate)	City	State or Foreign Country	FCI		MM/DD/YYYY	

5 **CITIZENSHIP** (Check One)

U.S. Citizen Legal Alien Allowed To Work Legal Alien Not Allowed To Work (See Instructions On Page 3) Other (See Instructions On Page 3)

6	ETHNICITY	7	RACE	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
	Are You Hispanic or Latino? (Your Response is Voluntary)		Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Asian				

8 **SEX**

Male 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)

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 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)

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 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?

Yes (If "yes" answer questions 12-13) No 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)

43213 Apple Drive Street Address, Apt. No., PO Box, Rural Route No.

Canton City **Michigan** State/Foreign Country **48197** ZIP Code

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:**

[Signature] Self Natural Or Adoptive Parent Legal Guardian Other Specify _____

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			NWR	DNR
			UNIT	
			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DCL	
			DATE	