

## Student Employment & Social Security Number Application (Third Party Employer)

### 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](mailto:oiss@emich.edu) for further instructions.

### Step 2: Employment Eligibility Verification Form I-9

- Bring original, most recent **I-20/DS-2019, passport** and **I-94** card/printout.
- Fill Section 1 of the Form **I-9**, sign and date where indicated.
- Independent Contractor Employees** (Chartwells/Dining Services, Bookstore, etc.) – *check with employer*

### Step 3: Gather Documents for Social Security Number application

- Schedule appointment with OISS by emailing [oiss@emich.edu](mailto: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).
- Take original card to employer for proof of number.
- Store card in safe location (not your wallet!).

### Step 6: Complete Payroll Office procedures

- Ask your employer for Payroll procedures.

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.**

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**(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**  
**Application for a Social Security Card**

*Sample*

Form Approved  
 OMB No. 0960-0066

1	<b>NAME TO BE SHOWN ON CARD</b>	First <b>NEMO</b>	Full Middle Name	Last <b>YONG</b>
	<b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>	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	<b>PLACE OF BIRTH</b>	<b>Melaka</b>	<b>Malaysia</b>	Office Use Only	4	<b>DATE OF BIRTH</b>	<b>09/23/1988</b>
	(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	<b>ETHNICITY</b>	7	<b>RACE</b>	<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**    **Michigan**    State/Foreign Country    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:**

*[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			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	