



## EMPLOYMENT VERIFICATION FORM

Student's Name: \_\_\_\_\_  
(Family Name) (First) (M. I.)

SONIS ID: \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYER OR HIRING DEPARTMENT:

Employment Department: \_\_\_\_\_

Employment Position Title: \_\_\_\_\_

Employment Start Date: \_\_\_/\_\_\_/\_\_\_ Number of Hours Per Week: \_\_\_\_\_

Employment Job Nature (Ex. Research Assistant, Library Aid, Wait Staff, Cashier, Academic/Athletics):  
\_\_\_\_\_  
\_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: (\_\_\_\_) \_\_\_\_\_

Employer Identification Number: 370673484

Name of Student's Immediate Supervisor (Print): \_\_\_\_\_

Employer Name (Print): \_\_\_\_\_ Employer Title: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*"My signature above certifies that the above named person is an F-1 student attending Eureka College and that the student is working or has been offered on-campus employment in accordance with the specifications (Employment Position, Employment Start Date, Employment Job Nature, etc.) listed above. I further certify that I am the employer or the authorized member of the hiring department responsible for confirming the student's current employment at Eureka College."*

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

"This is to certify that the above named person is an F-1 student who is currently enrolled in a full course of study at Eureka College. My signature below certifies that the student is or has been offered on-campus employment in the job position listed above and with the Department or Employer listed above and will be performing responsibilities directly related to the job nature listed above."

Name of Designated School Official (Print): \_\_\_\_\_

Signature of Designated School Official: \_\_\_\_\_

(P)DSO Phone Number - (309) 467-6744

Date: \_\_\_/\_\_\_/\_\_\_