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: ___/___/_______

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