

**OPT Employer Information Form**

*This form must be submitted to the ISS within ten (10) days of accepting employment. You may submit this form in-person or mail it. **If you have not submitted a copy of your EAD Card, please attach it to this form.***

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Student ID# **88** - \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

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***Employer Information:***

Employer Name (or Company): \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Supervisor's Phone number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date you will begin working: \_\_\_\_\_

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***Answer the following:***

1. Your Job Title: \_\_\_\_\_

2. Is this job related to your major?  Yes\*  No

\*If you answered "yes," briefly describe how this job is related to your major:

3. How many hours will you be working per week?

Full-Time: more than 20 hours/week

Part-Time: 20 or less hours/ week

4. Is this a paid position?

Yes

No

5. Will your employer provide you with health insurance coverage?

Yes

No

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*By signing this form, I certify that the information above is true to the best of my knowledge.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_