

**SOCIAL SECURITY EMPLOYMENT VERIFICATION FORM**

Social Security Administration

444 Enterprise Parkway

Ravenna, OH 44266

330-296-7427

**STEP 1:** Completed by Employing Department

This is evidence of on-campus employment for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of F-1 Student)

Nature of student’s job (e.g. wait staff, library aide, research assistant, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer Contact Information: **31-6402079**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Kent State University OR Other Employer

 (Employer Identification Number – EIN)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer Telephone Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Immediate Supervisor – Please Print or Type Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer Signature (Original) Date Signatory’s Title

An F-1 student may work while the Social Security number application is being processed. Employers may wish to reference SSA’s fact sheet, *Employer Responsibilities When Hiring Foreign Workers*. This fact sheet contains information on how to report wages for an employee who has not yet received an SSN and is available online at [**http://www.socialsecurity.gov/employer/hiring.htm**](http://www.socialsecurity.gov/employer/hiring.htm)**.**

**Step 2:** Completed by the Office of Global Education

I certify that the above listed student is an F-1 student enrolled at Kent State University and has a position of employment. Please issue this student a social security number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designated School Official (DSO) – Original Signature Typed or printed name of DSO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Date

**Step 3:** Student takes completed form to the Social Security Administration Office to apply for a

social security card.

8/1/2016