

PURDUE
UNIVERSITY
FORT WAYNE

PURDUE UNIVERSITY FORT WAYNE
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ON CAMPUS EMPLOYMENT FORM

FOR F-1 STATUS DEGREE-SEEKING INTERNATIONAL STUDENTS ONLY. NOT TO BE USED FOR J-1 EXCHANGE STUDENTS

PLEASE PRINT NEATLY!

DATE: ____/____/20____

PFW ID#: ____ - ____ - ____

Name: _____

Local Address: _____

Local Phone () _____ - _____ Cell Phone () _____ - _____

Email: _____
(PFW email address)

On-Campus Employer: _____
(Subway, UP, Learning Center, Upward Bound, Library, Biology Department, etc.)

The maximum amount you are permitted to work while classes are in session is 20 hours per week.
Working any more than this amount will put you out of legal F-1 student visa status.

FOR EMPLOYER USE ONLY:

This serves as evidence of on-campus employment offer for Student: _____
(Last Name, First Name)

Expected Start Date: ____/____/____ Expected Number of Hours Per Week: _____

Nature of student's job (e.g., food service staff, library aide, research assistant, etc.): _____

To be completed by the Employing Department (business office staff or hiring official):

Signature (Original)

Name (Please Print)

Title: _____ Phone: (260) 481-_____ Date: _____

Email: _____

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>.

OIE OFFICE USE ONLY:

This international student is authorized to work on campus for no more than 20 hours while school is in session (fall and spring semesters) or full time (more than 20 hours per week) on campus during official school vacation periods ONLY (summer, winter and spring break).

F-1 students are aliens lawfully admitted to the United States under authority of the law permitting them to work in the United States based on federal regulation 8CFR 214.2 (f) (9) (I) as long as the student maintains F-1 visa legal status. The signature and seal below signifies that the student is authorized to work on campus as indicated above.

Signature and Seal of Authorized OIE Representative

Date

NOTE TO ON-CAMPUS EMPLOYER: Not Valid Without Seal

Revised 10/23/2015

SAMPLE I-9 FOR INTERNATIONAL STUDENTS

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/09
**Form I-9, Employment
Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last DeSalva	First Jesuina	Middle Initial W.	Maiden Name
Address (Street Name and Number) 2101 E. Coliseum Blvd.		Apt. # 4B	Date of Birth (month/day/year) 09/22/1990
City Fort Wayne	State IN	Zip Code 46805	Social Security # 111-01-11

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States
☐ A lawful permanent resident (Alien #) A _____
☒ An alien authorized to work until I-20 Exp. Date (Item #5)
 (Alien # or Admission #) I-94 #

Employee's Signature STUDENT NAME	Date (month/day/year) 01/01/2009
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>Passport</u>	OR	<u>IPFW Student ID Card</u>	AND	<u>U.S. Social Security</u>
Issuing authority: <u>Country of Issue</u>				<u>Card (Will Be Eligible</u>
Document #: <u>Passport #</u>				<u>At Date of Job Offer)</u>
Expiration Date (if any): <u>01/01/2010</u>				<u>2 Weeks Processing Time!</u>
Document #: <u>I-94 + I-20 #</u>				
Expiration Date (if any): <u>I-20Ex. Date</u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 01/01/2009 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative EMPLOYER SIGNATURE	Print Name Norbert Johnson	Title Supervisor of Maint.
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) IPFW, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805-1499		Date (month/day/year) 01/01/2009

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)