WORK PERMIT PROCESS

STUDENT'S RESPONSIBILITY – If you already have a Social Security card, skip to #3.

1. If this is your first time working in the U.S., you will need to have your new employer fill out the Student Employment On-Campus Letter and then bring it to the International Center for a signature.

2. You will take the signed Student Employment On-Campus Letter, Social Security Administration Application, along with your original immigration documents (I-20 for F-1 students OR DS 2019 for J-1 students, I-94, Passport, and U.S. Visa) to the Social Security Office to apply for your card. You will get a receipt (usually a letter) from them. If you have lost your Social Security Card, you must follow these same procedures again.

3. Bring the Social Security receipt (usually a letter) OR your Social Security card to the International Center and pick up the following forms.
   a. I-9 Employment Eligibility Verification
   b. Student Payroll Tax Residency Information
   c. W-4 Employee’s Withholding Allowances
   d. International Student Application for On-Campus Work Permission
   e. New Hire Authorization Form (Optional - Hiring Department may give this to you)
   f. Tax Treaty (IC Staff will determine if you need this form)

4. Return the completed forms to the International Center. Make sure to bring your passport, I-20, I-94, U.S. Visa AND a copy of each one.

5. You can pick-up the On-Campus Work Permit (yellow signed form) at the International Center in 3-5 days.

6. Submit a copy of the On-Campus Work Permit to your Employer/Supervisor and keep the other copy for your records.

* When you receive your original Social Security card by mail, take it to the Campus Hub so that they can update your MSU records.

** If you worked in 2008, you must file your Income Taxes no later than April 15, 2009.
DATE: ______________________

TO: Social Security Administration

FROM: Minnesota State University, Mankato

SUBJECT: Verification of F-1 or J-1 Student’s Employment on Campus

SECTION 1: Employing Department Must Complete

This is evidence of on-campus employment for ________________________________ International Student’s Name—First, Middle, LAST (in CAPS)

Employing Department ________________________________________________

Nature of Student’s Job: ☐ Wait Staff ☐ Library Aide ☐ Research Assistant ☐ Other (list): __________________________

Start Date ________ / ________ / ________ (MM/DD/YY) Number of Hours/Week: ______________________

Employer Contact Information: __________________________________________ (MSU’s EIN is: 41-168 7554)

Employer Identification Number – EIN

Employer’s Phone (________) ____________________________________________

Name of Student’s Immediate Supervisor Title

Supervisor’s Name – Original Signature (no stamps) Date

Printed or Typed Name of Employer/Department

SECTION 2: Verification of Employment Offer — To be completed by Kearney International Center Staff Only!

Designated School Official – Original Signature (no stamps) Current Status of Student

Printed or Typed Name of Designated School Official Date

Phone: (507) 389-1281
## Application for a Social Security Card

### Name

**Full Name at Birth**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Other Names Used**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

### Mailing Address

- Street Address, Apt. No., PO Box, Rural Route No.
- City
- State
- ZIP Code

### Citizenship

- **Check One**
  - U.S. Citizen
  - Legal Alien
  - Legal Alien Not Allowed To Work
  - Legal Alien Not Allowed To Work (See Instructions On Page 2)
  - Other (See Instructions On Page 2)

### Sex

- Male
- Female

### Race/Ethnic Description

- **Check One Only**
  - Asian
  - Asian-American or Pacific Islander
  - Black (Not Hispanic)
  - Black (Hispanic)
  - North American Indian or Alaskan Native
  - White (Not Hispanic)
  - White (Hispanic)

### Date of Birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

### Place of Birth

<table>
<thead>
<tr>
<th>City</th>
<th>State or Foreign Country</th>
<th>FCN</th>
</tr>
</thead>
</table>

### Your Relationship to the Person in Item 1

- **Select One**
  - Self
  - Natural Or Adoptive Parent
  - Legal Guardian
  - Other (Specify)

### Your Signature

**Signature and Title of Employee(S) Reviewing Evidence and/or Conducting Interview**

- **Date**

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**EVIDENCE SUBMITTED**

**NPN**

**PBC**

**EVI**

**EVA**

**EVC**

**PRA**

**NWR**

**DNR**

**UNIT**

**Form SS-5 (05-2006) of (05-2006) Destroy Prior Editions**

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