

I-9 Documentation: _____ _____

Sam Fox School Student Employment Authorization

A. Employment Information

Name: _____ Student ID: _____
First Last M.I.

Position:

TA: _____
Course Name, Course # Supervisor/Professor

RA: _____
Description Supervisor

Lab Monitor/Other: _____
Location Supervisor

Rate (hourly): \$ _____

B. Personal Information

Birthdate (mm/dd/yyyy): ____/____/____ **Social Security #:** ____ - ____ - ____

Birth Country: _____ **Birth State:** _____ **Birth City:** _____

Gender: [] Female [] Male **Marital Status:** [] Single [] Married [] Separated [] Divorced [] Widowed

Local Address: _____
Street

City State Zip Code

Phone: (____) _____ - _____ **Wash U email:** _____@go.wustl.edu

Veteran Status: [] Armed Forces Veteran [] Disabled Veteran [] Not a Veteran [] Other Protected Veteran

Race/Ethnicity: Are you Hispanic or Latino? [] Yes [] No
 Select all of the following that apply: [] American Indian or Alaska Native [] Asian [] Black or African-American
 [] Native Hawaiian or other Pacific Islander [] White

Citizenship: [] Citizen or National of the United States [] Lawful Permanent Resident
 [] An Alien Authorized to Work Until (mm/dd/yyyy) ____/____/____ (I-20 end date)
 I-20 Number **N** _____ and I-94 # _____

C. Employment Eligibility Verification (I-9) Statement of Understanding

By signing below, I acknowledge that I can only begin my assigned duties on the calendar date assigned to me by the HR representative AND that, if necessary, I will complete the Employment Eligibility Verification (I-9) by the same date. Upon the completion and submission of the Student Employment Authorization Form, the HR representative will notify me of my Employment Eligibility Verification (I-9) responsibilities.

Student Employee Signature: _____ Date: _____

If you have any questions about this employment authorization form, please contact Todd Farr in Bixby Hall, Suite 1.