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| <input type="checkbox"/> I-9 documentation _____ _____ Official Start Date: / / |
|---|

Sam Fox School Student Employment Authorization

A. Employment Information

Name _____ **Student ID** _____
first middle last

Position

- TA _____ supervisor
course name, course #
- RA _____ supervisor
description
- Lab Monitor _____ supervisor
lab name
- Other _____ supervisor
describe

***Rate** (hourly) \$ _____ ***Account Funds** (if provided by supervisor) _____

*Required for Research Assistantship (RA). Supervisor should provide rate and source of funds for research.

Expected Start Date ____/____/____ **Expected End Date** ____/____/____

Have you ever, in any capacity, worked for Washington University or the Sam Fox School?

- YES (skip to section C) NO (complete section B)

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 Domestic Partner

Local Address _____
street city state zip

Cell Phone (_____) _____ - _____ **Home Phone** (_____) _____ - _____

Wash U email _____@go.wustl.edu **Other email** _____

Veteran Status Armed Forces Veteran Disabled Veteran Vietnam-Era Veteran
 Not a Veteran Other Protected Veteran Newly Separated Veteran
(date of separation) _____

Race/Ethnicity: Are you Hispanic or Latino? Yes No
 AND select all of the following that apply: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

If you have any questions about the definitions of the Race/Ethnicity categories, please see your HR representative

Citizenship (check one) Citizen or National of the U.S. Lawful Permanent Resident or
 An Alien Authorized to Work Until (mm/dd/yyyy) ____/____/____ (I-20 end date)
 I-20 Number N _____ and I-94 Number _____

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 statement, please contact Sandy Cooper or Brian Higginbotham in Bixby Hall, Suite 1.