**EMPLOYMENT NOTIFICATION FORM**

Submit this completed form no later than 90 days from the start date listed on you EAD Card, and within 10 days if employment status changes. Scan and email this form with the Employment Offer Letter to career@fxua.edu. All FXUA graduates should submit this form regardless of their status (F-1, GC, citizens, etc….). Additionally, F-1 status graduates will need to update employment on the DSO website.

**1 - PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT)**

**First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FXUA Student ID #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Degree and Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY) **Semester:** ⎕ Spring / ⎕ Summer I / ⎕ Summer II / ⎕ Fall

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personal Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status:** ⎕ F-1\* / ⎕ H-1 / ⎕ H-4 / ⎕ K-1 / ⎕ Green Card holder / ⎕ US Citizen / ⎕ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*OPT Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY) **OPT End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)

**2 - JOB PLACEMENT INFORMATION (TO BE COMPLETED BY STUDENT)**

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)

**Work hours per week:** \_\_\_\_­­\_\_\_\_\_\_\_ **Salary per year $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please put “0” if position is unpaid)

**Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Verify #** (for F-1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer Identification Number (EIN #)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_

**Supervisor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List 4 skills you use in this position which related to your degree (use attached file “Skill List by Program”):**

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| --- |
|  |
|  |

* **I am new to this position.**
* **I am NOT new to this position but my degree was beneficial in obtaining or maintaining it** *(if marked, please fill out* [*Student Placement Attestation Form*](http://www.viu.edu/docs/career/Placement_Attestation_Form.pdf) *and submit along with the Employment Notification Form).*

*I certify that the above information is true and factual. If any of the above information changes at any time, I understand that it is my responsibility to report the changes to Fairfax University of America (FXUA) and submit a new Employment Notification Form. I also give FXUA permission to contact my employer to verify my employment.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **3 - FOR OFFICE USE ONLY****Completed by Director of Career Services:** |  | **Completed by DSO:** |
| Date received: \_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date received: \_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Placed by:**  |  | Date entered into SEVIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_ |
|  ⎕ Title | CIP #\_\_\_\_\_\_\_\_\_\_\_\_ SOC #\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ⎕ Skills |  |  |  |  |  |
|  ⎕ Benefit  | - | Placement Attestation Attached ( Y / N ) |  |  |
|  |  |   |