



Update OPT Employment Information

PERSONAL INFORMATION

First Name: _____ Last Name: _____ SID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Personal E-mail: _____

Status: Found initial job Start Date: _____
MM / DD / YYYY

Changing employers/positions Previous Employer: _____ End Date: _____
MM / DD / YYYY

Unemployed since: _____
MM / DD / YYYY

Self-employed Date business started: _____ Date business closed: _____
(Provide information below) MM / DD / YYYY (If you are no longer self-employed) MM / DD / YYYY

Multiple Employers (If you have multiple employers, please provide a form for each employer)

FILL THIS PORTION IF YOU FOUND AN INITIAL JOB, CHANGED EMPLOYERS OR POSITIONS, ARE SELF EMPLOYED AND YOU OPENED YOUR OWN BUSINESS.

EMPLOYER INFORMATION

Job Title: _____ Employer Identification Number: _____

Company: _____ Supervisor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ E-mail: _____

Is this position related to your major? Yes No

Signature: _____ Date: _____