



EMPLOYER VERIFICATION FORM

PERSONAL INFORMATION

Last Name

First Name

C.W. Post ID Number

Approved OPT start date

to

Approved OPT end date

CURRENT ADDRESS INFORMATION

- I currently do not live in the United States and I do not plan to participate in my approved OPT program.
- I currently live in the United States and I plan to participate in my approved OPT program (please complete below).

Address in the US

City

State

Zip Code

Student Signature

Date

CURRENT EMPLOYER INFORMATION

- I am currently unemployed in the United States and actively searching for employment.
- I am currently employed in the United States (please have your employer complete below and E-verify section).

Employer Name

Employer Title

Company/Organization Name

Employee Title

Dates of Employment

Address

City

State

Zip Code

EMPLOYER E-VERIFY INFORMATION (if applicable)

Employer Name as listed in the E-Verify System

Employer E-Verify Company/Client Identification Number

By signing below, I am certifying that the above named person is employed by my company/organization/institution and that all the above employment information is correct and true.

Employer Signature

Date