



AT Employment Form

Student Information:

Given & Family Names:	U.S. Phone Number:
U.S. Home Address:	

Employer Information:

1. Business/Company/Organization Name: _____
2. Employer Identification Number (EIN): _____
3. Your Job Title: _____
4. Start Date: _____ End Date (of previous employer - if any): _____
5. Number of Hours Per Week: _____
6. Work Site Primary Address: _____
Secondary Address (if any): _____

7. Explain the objectives of this employment & how it relates to your degree:

Supervisor Information:

1. Supervisor Name: _____
2. Phone Number: _____ and/or Email: _____

Acknowledgement Information:

To meet the requirements as an J-1 International Student at Loma Linda University (LLU), I,

_____, agree that:

Student Given and Family Names

1. I will make sure my employment information, home address, and phone number are current. I will make any changes and/or additions by inform International Student & Scholar Services Office within 10 days of the change.

I understand that failure to meet any of the above requirements may result in termination of my AT and J-1 immigration status at Loma Linda University.

Student Signature

Date

A/RO Sign & Date