



EMPLOYER DATA FORM

PLEASE PRINT ALL INFORMATION CLEARLY AND IN BLOCK CAPITAL LETTERS

This form **MUST** be completed and returned to BUNAC USA to obtain approval for your job **BEFORE** you start work.

PLEASE CHECK ONE:

- This is my **FIRST** employer and I wish to register the details in SEVIS
- I wish to take an **ADDITIONAL** job and these are the details of that job.
- I wish to leave my current job and take a **NEW** job with this employer.

How many days of actively looking did it take to find this job? _____

PARTICIPANT DETAILS: To be completed by the employee

Your Name (In Full): _____ Passport Number _____

SEVIS ID Number: **N000** _____ Date of Birth: _____ / _____ / _____
(Can be found at the top right hand on your DS-2019) Month Day Year

US Residential Address (In Full): _____ Apartment # _____
(No P.O. Box numbers)

Address Line 2: _____

Town: _____ State: _____ ZIP Code: _____
(make sure ZIP Code is correct!)

Residential Phone Number: (_____) - _____ - _____ Ext: _____
Area Code

Mobile phone number : _____ Type: US / International

Email address: _____

EMPLOYMENT DETAILS: To be completed by the employer

Name of Company (In Full): _____

Physical Company Address (In Full): _____
(This is the location address where the employee will actually be working.)

Address Line 2: _____

Town: _____ State: _____ ZIP Code: _____

Employee Job Title: _____ Wage per hour: \$ _____ Hours per week: _____

Expected dates of employment: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Supervisor's Name: _____ Supervisor's Email: _____

Supervisor's Phone Number: (_____) - _____ - _____ Ext: _____
Area Code

I certify that the person named above has been offered employment with our company, and that the information on this form is true and correct.

Signature: _____ Print Name: _____ Date: _____ / _____ / _____
Month Day Year

Please fax this form to BUNAC at 1-203-264-0251 BEFORE you start work