

## SOCIAL SECURITY NUMBER APPLICATION

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In order to apply for a Social Security Card, you will need to determine if you are eligible. For current students, you must:

- Have an offer of employment
- Completed the check-in procedures with OISSS
- Been in the US for at least 10 days
- Be registered for classes
- Have your latest I-20

If you have all the above completed, then you will need to prepare your application before going to the Social Security Office. You will need to make sure you have:

- Completed Social Security Administration Application Form SS-5 ([www.ssa.gov/forms/ss-5.pdf](http://www.ssa.gov/forms/ss-5.pdf))
  - o Sample attached
- Passport
- Visa
- Printed Form I-94 ([i94.cbp.dhs.gov/I94](http://i94.cbp.dhs.gov/I94))
- Latest I-20
- Letter from:
  - o OISSS
  - o On-campus employer (sample attached) or off-campus employer
    - For students with an off-campus employer, make sure the letter has:
      - Identity of student employee
      - Job description
      - Employment start date (anticipated or actual)
      - Number of hours
      - Employer Identification Number (**EIN**)
      - Employer contact information, telephone number and name of student's immediate supervisor
      - Original signature
      - Signatory's title
      - Date

Once you have secured all those documents, you will need to apply at:

Social Security Office, 815 W. Pioneer Parkway, Peoria, IL 61615

Hours: Mon., Tues., Thurs., Fri. – 9:00AM to 4:00PM, Wed. – 9:00AM to 12:00PM, & Sat., Sun. – closed

The office is also closed during federal holidays

Take CityLink #4 – Knoxville Line to Pioneer for the closet bus stop (in front of SS Office)

or CityLink #1 – University Line to Pioneer/Sommer which is a more direct route but does require walking

Once you have applied, you will receive a receipt from the SS Office, take this receipt to Student Payroll in Sisson Hall 225.

\*If you are a student who is on Curricular Practical Training, you will need to apply for the SS card, no earlier than 30 days before your scheduled employment start date. Make sure you bring your CPT approved I-20 and follow the directions above. You may apply at your local SS Office.\*

\*If you are a student who is on OPT, you will need to apply for the SS card on or after the start date on your EAD. Make sure you bring your OPT recommended I-20 as well as your EAD and follow the directions above. You may apply to your local SS Office.\*

**\*\*NOTE: Your Social Security number is tied to your identity. To avoid risk of identity theft, take care to keep your SSN secure and private. Do not carry your SS card with you (keep it at home in a safe place) and do not list your SSN on forms or share it with others unless absolutely necessary.\*\***

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

**SAMPLE**

Form Approved  
OMB No. 0980-0088

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD	First <b>Kaboom</b>	Full Middle Name <b>the</b>	Last <b>Gargoyle</b>
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
<del><b>2</b></del>	Social Security number previously assigned to the person listed in item 1 <b>Skips unless applies</b>			
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)	City <b>Peoria</b>	State or Foreign Country <b>IL</b>	Office Use Only FCI
	<b>4 DATE OF BIRTH</b>	<b>02/14/2014</b> MM/DD/YYYY		
<b>5</b>	<b>CITIZENSHIP</b> (Check One)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input checked="" type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)	<b>7 RACE</b> Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American
<b>8</b>	<b>SEX</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other Pacific Islander
<del><b>9</b></del>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First	Full Middle Name	Last <b>Mother's Maiden Name (name at birth)</b>
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for item 9)	<b>Skips unless applies</b>		
<del><b>10</b></del>	<b>A. PARENT/ FATHER'S NAME</b>	First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for item 9)	<b>Skips unless applies</b>		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
<del><b>12</b></del>	Name shown on the most recent Social Security card issued for the person listed in item 1 <b>Skips unless applies</b>			
<del><b>13</b></del>	Enter any different date of birth if used on an earlier application for a card <b>Skips unless applies</b>			
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY	<b>15 DAYTIME PHONE NUMBER</b> Area Code	<b>(123) 456-7890</b> Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. <b>Enter street address on this line</b>		
		City	State/Foreign Country	ZIP Code
<b>17</b>	<b>YOUR SIGNATURE</b> <b>Sign here in black or blue ink</b>	<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN		DOC		NTI		CAN		ITV	
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT		
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
					DATE				
					DCL DATE				

**F-1 Sample On-Campus Employment Letter**  
[Use Employer's Business Letterhead Stationary]

[Date within the last 30 days]

Social Security Administration  
815 W. Pioneer Parkway  
Peoria, Illinois 61615

To Whom It May Concern:

This letter is to certify that [student's name] is enrolled as a full-time student pursuing a [degree level] in [major] at Bradley University.

[Student's name] will be working [full-time/part-time] at [name of employer]. [His/her] job will be to [describe job]. [His/her] employment start date is [date].

For additional information, please contact the student's supervisor, [name of supervisor] at [telephone number].

Sincerely,

[Original signature in blue ink]

[Name of Author]  
[Title]

[Employer Identification Number (EIN) is also known as a Federal Tax Identification Number]