** P.O Box 43932 | Lafayette, LA. 70504**

**Office of International Affairs**

 **Office: (337) 482-6819|oia@louisiana.edu|internationalaffairs.louisiana.edu**

**OPT: Information / Employer Update**

**PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| **First Name:** | Click here to enter text. |
| **Last Name:** | Click here to enter text. |
| **SEVIS ID :** | Click here to enter text. | **Local Telephone:** | Click here to enter text. |
| **Physical Address** | Click here to enter text. |
| **City:** | Click here to enter text. | **State:** | Choose an item. | **Zip Code:** | Click here to enter text. |
| **Personal Email:**  | Click here to enter text. |

**NEW EMPLOYER INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** | Click here to enter text. | **Company’s EIN:** | Click here to enter text. |
| **Company Address:** | Click here to enter text. |
| **City:** | Click here to enter text. | **State:** | Choose an item. | **Zip Code** | Click here to enter text. |
| **Supervisor’s Name:**  | Click here to enter text. | **Supervisor’s Phone:** | Click here to enter text. |
| **Supervisor’s Email:** | Click here to enter text. |
| **Employment Start Date:**  | Click here to enter a date. | **Employment End Date:**  | Click here to enter a date. |
| **Job Title:**  | Click here to enter text. |

**JOB DESCRIPTION:**

|  |
| --- |
|  |

***Along with this completed form, please send a copy of your current EAD and job offer letter to*** ***oia@louisiana.edu***

**Employment History:**

*Please provide the following information on all of your previous employers:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** | Click here to enter text. | **Company’s EIN:** | Click here to enter text. |
| **Company Address:** | Click here to enter text. |
| **City:** | Click here to enter text. | **State:** | Choose an item. | **Zip Code** | Click here to enter text. |
| **Supervisor’s Name:**  | Click here to enter text. | **Supervisor’s Phone:** | Click here to enter text. |
| **Supervisor’s Email:** | Click here to enter text. |
| **Employment Start Date:**  | Click here to enter a date. | **Employment End Date:**  | Click here to enter a date. |
| **Job Title:**  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** | Click here to enter text. | **Company’s EIN:** | Click here to enter text. |
| **Company Address:** | Click here to enter text. |
| **City:** | Click here to enter text. | **State:** | Choose an item. | **Zip Code** | Click here to enter text. |
| **Supervisor’s Name:**  | Click here to enter text. | **Supervisor’s Phone:** | Click here to enter text. |
| **Supervisor’s Email:** | Click here to enter text. |
| **Employment Start Date:**  | Click here to enter a date. | **Employment End Date:**  | Click here to enter a date. |
| **Job Title:**  | Click here to enter text. |