

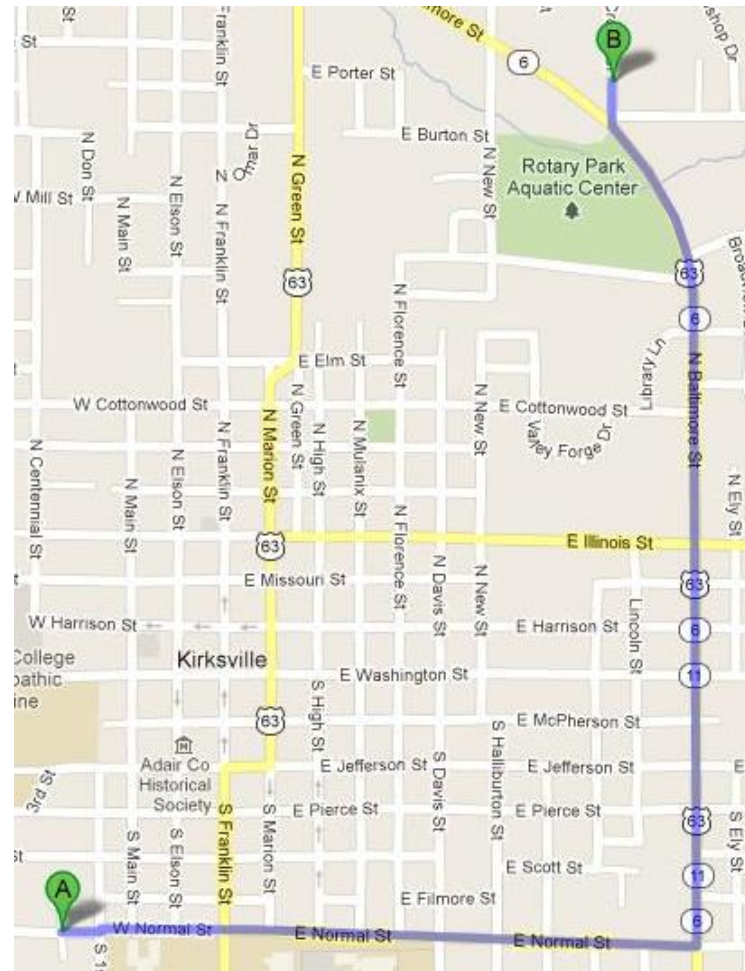
Social Security Number Information and Application

(Revised 03/08/2022)

Application Instructions

- Once you have been hired for employment of any kind, **you must obtain a social security number before you can start work.**
 - Apply no more than 30 days prior to employment.
 - Complete your Address Verification on TruView for SEVIS Registration before applying.
- Get a job offer letter from your employer. The employer can email iso01@truman.edu for a Word document of a sample letter like the one on the next page or create their own letter, but it must be on their department's letterhead, signed and dated, and include the following:
 - Department/Office employing the student
 - Duties of the student
 - Number of hours the student will be working
 - The employer Tax ID Number
 - Name & contact information of the supervisor
- Request a [Social Security Letter](#) from the Center for International Students by filling out the form.
- Complete, print, and sign the [Social Security Application](#) using the tips and example on page 3 of this application packet.
- Take the following documents:
 - Social Security Application
 - Employer Letter
 - CIS Letter
 - Passport/Visa
 - I-20 or DS-2019
 - I-94
- Call the Social Security Office at **888-386-2705** for an **in-person appointment.**
 - Notify them that you are an international student, and they will allow you to make an in-person appointment, even during COVID times.

Map to Social Security Office From Campus



Directions

Social Security Administration Office

Address: 1305 Crown Drive, Kirksville, MO

Directions:

From Truman **(A)**- Travel East on Normal Street - Turn left onto Baltimore Street - Turn right onto Crown Drive – The Social Security Office **(B)** is the first building on the left.

Hours: Monday	9:00 a.m.-3:00 p.m.
Tuesday	9:00 a.m.- 3:00 p.m.
Wednesday	9:00 a.m.-12:00 p.m.
Thursday	9:00 a.m.-3:00 p.m.
Friday	9:00 a.m.-3:00 p.m.

Employer Letter

- Employers can email iso01@truman.edu for the word document to create an employer letter
- The employer letter must be printed on department letterhead and signed by the employer
- Give the completed letter to the student

LETTERHEAD

Date:

Re: Employment Letter

To: Social Security Administration

Truman State University student name:

-

Has been offered employment with Truman department:

-

The supervisor name, telephone and email are:

-

-

-

The number of hours the student will work per week will be:

-

Employment can begin as early as:

-

The duties of the position include:

-

-

-

The Truman State University Tax ID Number is 43-6005833.

Please issue this student a social security number for employment on the Truman campus.

Sincerely,

Supervisor Signature

Tips for Completing the Social Security Number Application

- Line 1** Required
- Line 2** Leave Blank
- Line 3** Required
- Line 4** Required
- Line 5** If F-1 or J-1, Mark "Legal Alien Allowed To Work"
- Line 6** Voluntary
- Line 7** Voluntary
- Line 8** Required
- Line 9A** Required

- Line 9B** Most international parents do not have American social security numbers. Leave this blank if yours do not.
- Line 10A** Required
- Line 10B** Most international parents do not have American social security numbers. Leave this blank if yours do not.
- Line 11** Required
- Lines 12-13** Only complete these if you answered 'Yes' on Line 11. If you answered 'No' or 'Don't Know' skip to line 14.

- Line 14** Required
- Line 15** Use the CIS telephone number (660) 785-4215 if you don't have a phone.
- Line 16** Use the CIS address – 100 East Normal Street – BH 104, Kirksville, MO 63501
- Line 17** Required
- Line 18** Mark "Self"

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3	PLACE OF BIRTH (Do Not Abbreviate)	City	State or Foreign Country	Office Use Only FCI	4 DATE OF BIRTH MM/DD/YYYY
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input checked="" type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)			
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian			
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
11	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 type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY	15 DAYTIME PHONE NUMBER		Area Code	Number
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. 100 E Normal Avenue - BH 104 City: Kirksville State/Foreign Country: MO ZIP Code: 63501			
17	YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:		
		<input 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	
PBC		EVI		EVA	
EVC		PRA		CAN	
DNR		UNIT		ITV	
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DATE	