

Please Print

Last Name	First Name	MI	ID or SSN
-----------	------------	----	-----------

Technology Transfer Agreement: I hereby acknowledge that the Oregon State Board of Higher Education (OSBHE) requires me, as a condition of my employment, to assign to OSBHE rights to any invention or improvement in technology, computer software, tangible research property, and trademarks (Intellectual Property) conceived, invented, or reduced to practice by me, either solely or jointly with others, developed using university facilities, personnel, information or other university resources; and by my signature below, I hereby assign such rights. I understand that additional information can be obtained through the Office of Technology Transfer, 308 Kerr Administration Building, (541) 737-0674.

I certify that I have read, understand and agree to the Technology Transfer Agreement as stated above.

Employee Signature _____ Date _____

Employment Application Agreement: I certify and affirm that I personally completed and submitted any and all required employment application materials provided to the University, whether submitted as written materials or through the University's online recruitment system (even if I requested that it be completed on my behalf). I further certify that all statements and information contained in this material are true and complete to the best of my knowledge.

I understand that any false, fraudulent, or misleading oral or written statement contained in my employment application or made in the course of any related employment process, whether made by me or by others at my request, may result in rejection of my application, denial of employment, dismissal from service if discovered after employment and/or prosecution for a crime.

Employee Signature _____ Date _____

Use of an Employee's Social Security Number (SSN): All access and use at Oregon State University of the social security number is prohibited except for meeting federal or state requirements, compliance and reporting.

As an employee, Oregon State University will use your social security number as authorized under the Privacy Act of 1974 (10 USC Chapter 55) and OAR 580-021-0044. These uses include:

(A) Use and disclosure for certain program purposes, including disclosure to the Internal Revenue Service, the Social Security Administration, the Federal Parent Locator Service, the Department of Veteran's Affairs, the Bureau of Citizenship and Immigration Services, Aid to Families with Dependent Children, Medicare and Medicaid, Unemployment Insurance, Workers Compensation, and, in appropriate cases, epidemiological research.

(B) Administration and accounting purposes including the payment of state, federal and local payroll taxes; withholdings for FUTA and FICA; calculation and applicable reporting of pre-tax salary deductions for benefits including, but not limited to, IRC 117 and IRC 127 scholarship and educational assistance programs; IRC 457 deferred compensation and IRC 403(b) tax-sheltered annuity plans; IRC 401(a) retirement plans; IRC 132 pre-tax parking and transit plans, IRC 125 flexible spending account or cafeteria plans; or IRC 105 or 106 health reimbursement arrangements.

(C) To the extent required by federal law, an employee's social security number may be provided to a foreign, federal, state, or local law enforcement agency for investigation of a violation or potential violation of a law for which that entity has jurisdiction for investigation or prosecution.

I certify that I have read the paragraphs regarding use of an employee's social security number.

Employee Signature _____ Date _____



Office of Human Resources

Student Employment Information Release Form

*For use by undergraduate and graduate
students*

Print Name

OSU ID Number

@ONID.OregonState.edu

Email Address

I authorize Oregon State University to release information about my employment status and employment history for the purposes of employment verification and job references. Additionally, I agree to hold Oregon State University harmless for providing employment verification/history to the State of Oregon Employment Office and responding to employment history requests from potential employers.

Student's Signature

Date

Department Instructions

Retain a copy of the signed document in the student employee's department personnel file for future reference.

Where to send completed form

Please send to the [human resources staff](#) in your Business Center.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy) / /	U.S. Social Security Number □□□□ - □□ - □□□□	E-mail Address □□□□□□□□ □□□□□□□□			Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: _____	Date (mm/dd/yyyy): _____
------------------------------	--------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____			Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization	
Document Title:		Document Title:		Document Title:	
Issuing Authority:		Issuing Authority:		Issuing Authority:	
Document Number:		Document Number:		Document Number:	
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	
Document Title:		3-D Barcode Do Not Write in This Space			
Issuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					
Document Title:					
Issuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name Univ Admin Business Center, HR		
Employer's Business or Organization Address (Street Number and Name) Oregon State Univ/230 Univ Plaza		City or Town Corvallis	State OR	Zip Code 97333

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--