

H-1B PROSPECTIVE EMPLOYEE INFORMATION FORM
(To be completed by prospective employee only)

1. Name

(Surname) (First) (Middle)

2. _____

Address: (Street) (City) (State) (Zip)

2. Date of Birth (mo/day/year)_____ 3. Country of birth_____

4. Country of Citizenship _____ 5. Male/Female_____

6. Social Security # _____ 7. Alien Reg. # (if any)_____

8. Valid Passport? **Y** **N** If yes, expiration date_____ Passport #_____

9. Has an immigration petition ever been filed for you? **Y** **N**
If yes, give details on the back of this form.

10. Have you had H-1B status in the past 7 years? **Y** **N**

11. Have you ever been denied H-1B status previously? **Y** **N**

If you are currently in the United States:

12. Date of last arrival (mo/day/year)_____

13. I-94 number (11 digits)_____

14. Current non-immigrant status (e.g. F-1, J-1)_____

If you have ever been in the J-1 or J-2 status, please provide dates and photocopies of previous IAP-66's. If you are subject to the 2 year home residency requirement you must have already received a waiver before we can proceed with this application.

15. Expiration of current status (mo/day/year)_____

16. Are you currently in exclusion or deportation proceedings? **Y** **N**

17. Please list all immigration statuses and dates held since your arrival in the United States:

Status (e.g. F-1, H-1, J-1)	From (mo/day/yr)	To (mo/day/yr)
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18. Are dependent family members changing to H-4 status or extending H-4 status? **Y** **N**

Please note that the prospective employee is responsible for completing and providing the petition(s), along with the applicable fee, for his/her dependent family members.

If you are outside of the U.S. or intend to apply for the H-1B visa outside the U.S.:

19. Location of the U.S. embassy or consulate where you will obtain the H-1B visa (City and Country)

20. Your complete home address outside the U.S

IMMIGRANT APPLICATION INFORMATION

21. Indicate if you have an application for Permanent Residence in process based on any of the following:

_____ National Interest Waiver

_____ Outstanding Professor/Researcher

_____ Extraordinary Ability Alien

_____ Family Preference

_____ Other _____

22. Please supply a phone number and e-mail where you can be reached during the day:

phone: _____

e-mail: _____

THIS AREA IS FOR ANY ADDITIONAL INFORMATION: