

H-1B APPLICANT QUESTIONNAIRE
 (To be completed by applicant)

Name (Last, First, Middle): _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male Female

Country of Birth _____ Province of Birth _____ City of birth _____

Social Security number (if applicable) _____ A-Number (if applicable) A- _____

Permanent Foreign address: _____

E-mail address _____ Phone number: _____

Indicate city and country of U.S Consulate at which you would apply for an H-1B visa stamp _____

Have you ever held H-1B status? Yes No

Have you ever been denied H-1B classification? Yes No

Are you in exclusion or deportation proceedings? Yes No

Have you ever held J-1 Exchange Visitor or J-2 Dependent status? Yes No

If yes, have you ever been subject to the 2-year home residency requirement? Yes No

Has an immigrant petition for permanent residency (I-140) ever been filed in your behalf? Yes No

If yes to any of the above questions, please explain: _____

List all previous periods of stay in the U.S. in H or L nonimmigrant status below (Attach separate sheet if necessary):

Visa Type	Dates in the U.S. (mm/dd/yyyy to mm/dd/yyyy)
_____	_____
_____	_____
_____	_____

Will any dependents, spouse and/or children under 21, be applying for a change of status to H-4? Yes No
 If yes, please complete the information below (Attach separate sheet if necessary):

Name	Relationship to applicant	Birth date (mm/dd/yyyy)	Country of birth
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETE BELOW IF CURRENTLY IN THE U.S. IN A NON-IMMIGRANT VISA STATUS

Current Visa Status: _____ Date Status Expires: _____

Date of Last U.S. Entry: _____ I-94 Entry Number: _____

Current U.S. Residential Address: _____

LIST DATES AND DESTINATIONS OF ANY PLANNED TRIPS OUTSIDE OF THE U.S. IN THE NEXT 6 MONTHS

(Attach separate sheet if necessary)

- _____
- _____
- _____

I certify that all information provided in this H-1B Applicant Questionnaire is true and correct.

Name of applicant: _____

Signature: _____ Date: _____