

H-1B EMPLOYEE INFORMATION FORM

Please complete this form and return it to your sponsoring faculty member or the contact person in your department with all required supporting documents listed on the checklist. With questions related to this form, please contact Elizabeth Adamska at adamska@unr.edu, or call us (775)784-6874.

A. Personal

Last Name _____ First Name _____ Middle Name _____

Date of Birth ____/____/____ Country of Birth _____ Province _____
mm dd yr

Country of Citizenship _____ U.S. Soc. Sec. # (if available) _____

Foreign Address _____

U.S. Home Address (if available) _____

Home Phone # _____ Work Phone # _____ E-mail _____

Highest Degree Obtained (Please check only one box):

☐ Bachelor's degree (i.e. BA, AB, BS) ☐ Master's degree (i.e. MA, MS, MEng, MEd, MSW, MSB)

☐ Professional degree (i.e. MD, DDS, DVM, LLB, JD) ☐ Doctorate degree (PhD, EdD)

Month & Year _____ Institution _____

Major/Primary Field of Study: _____

Gender: _____ Male _____ Female Marital Status: _____ Married _____ Single

B. Current Immigration Status (complete this section only if you are now in the U.S.)

Initial Arrival Date ____/____/____ Most Recent Arrival Date ____/____/____
mm dd yr mm dd yr

Current Status: F-1 ____ F-2 ____ J-1 ____ J-2 ____ H-1B ____ H-4 ____ TN ____ Other (specify) _____

I-94# _____ Expiration Date of your current status: ____/____/____
mm dd yr

Do you have any plans to travel outside of the U.S. between now and the start date of your petition? Yes ____ No ____ If yes, please list dates of travel _____

and contact OISS to discuss your travel and its possible impact on the pending petition.

C. Other Immigration Information

Specify the location of U.S. Embassy/Consulate where you will apply for your entry visa if you are currently overseas, or in case your change of status is denied _____

Have you ever been in J-1 status? Yes _____ No _____

If yes, are you subject to the 2-year home residence requirement (212e): Yes _____ No _____

If yes, have you fulfilled this requirement or obtained a waiver: Yes _____ No _____

If you are still subject to 212e, you are not eligible for H-1B status.

Have you been granted H or L status in the past? Yes _____ No _____ If yes, please indicate the period of time you were approved for H or L status: _____

Have you been absent from the US during any time that you were approved for H or L status? Yes _____ No _____ If yes, list dates and circumstances: _____

Have you ever filed for permanent residency? Yes _____ No _____ If yes, provide additional information about your case: when, type of petition, case # _____

Are you in exclusion or deportation proceedings? Yes _____ No _____

C. Family Information

[] I do not have dependents in the U.S.

[] My dependents do not require H-4 status.

[] I do have ____ (number) dependents who require H-4 status.

If dependents (spouse and/or children) are currently in the US, please download Form I-539 from <http://www.uscis.gov>. **The form must be completed by the dependent(s), not H-1B employee!** Also submit documents listed on the checklist in section C.

Please list your dependents:

H-1B EMPLOYEE CHECKLIST

Please submit the following documents (3 copies of each):

A. All applicants:

- ☐ Copy of diploma/certificate AND English translation if applicable
- ☐ Credentials evaluation if degree earned abroad (recommended but not required)
- ☐ Current Curriculum Vitae
- ☐ Copy of passport biographical page

If currently in the U.S.:

- ☐ Copy of I-94 card (front and back)
- ☐ Copy of visa stamp

AND

If in F-1 or F-2 status:

- ☐ Copies of all I-20(s)
- ☐ Copies of Employment Authorization Document (EAD), if applicable
- ☐ If currently in F-2 status, submit copies of F-1's I-94 (front and back)

OR

If in J-1 or J-2 status:

- ☐ Copies of all DS-2019(s)
- ☐ Copy of waiver approval/recommendation of section 212e, if applicable
- ☐ If currently in J-2 status, submit copy of J-1's I-94 (front and back)

OR

If in H-1B or H-4 status:

- ☐ Copies of all previous I-797 Approval Notice(s)
- ☐ If in H-1B status, submit confirmation of employment (paystubs from 3 previous months).
- ☐ If in H-4 status, submit copies of H-1's I-94 (front and back) and evidence of H-1's maintenance of status (copies of most recent pay stub).

B. Foreign physicians applying for positions involving patient care (i.e. residency programs)

- ☐ Copies of USMLE score reports steps I, II, III
- ☐ Copy of ECFMG certificate
- ☐ Visa letter from the Nevada State Board of Medical Examiners confirming you have applied for the medical license in Nevada
- ☐ Copy of current medical license if applicable

C. Dependents(s) who are in the U.S. and will apply for H-4 status

- ☐ I-539 form (**completed and signed by the dependent**)
- ☐ Copies of dependents' previous I-797 Approval Notice(s) if already in H status
- ☐ Copies of dependents' I-94(front and back), entry visa(s), passport information page(s)
- ☐ Check for \$290.00 payable to the Department of Homeland Security