

H-1B Visa Prospective Employee Form

International Student and Scholar Services

E-mail: ischolar@uoregon.edu



Applicant's name: _____
(Family Name) (First Name) (Middle Name)

Date of birth (MM/DD/YYYY): _____ Country of birth: _____

Region of birth: _____ Applicant's Email: _____

Social Security Number (if any): _____ A # (if any): _____

Does applicant have a valid passport? Yes No What country issued the passport? _____

Has the UO ever filed an immigrant petition (I-140) for the H-1B applicant or dependent family member?
Yes No

If yes, list name(s) and exact dates of filing/approval: _____

Will applicant be bringing dependents (spouse/children) with him/her? Yes No

If yes, please list names of dependents and relationships to applicant: _____

Will dependents of applicant be requesting H-4 Visa status? Yes No If yes, how many? _____

Has the applicant ever been in H1-B status previously? Yes No

If yes, list exact dates of employment authorization and names of employers: _____

Has the applicant ever been in the US in another visa status?* Yes No

If yes, please list the visa type and dates of status: _____

Has the H1-B applicant ever been denied H1-B status previously? Yes No

If yes, give details: _____

Is applicant in exclusion or deportation proceedings? Yes No

If yes, please explain on a separate piece of paper.

**If you have ever been in J-1 or J-2 status, please submit copies of old DS-2019s or J-1/J-2 visa sticker in passport.*

Please complete A or B, even if the applicant is in the U.S. and will obtain the H-1B visa in the U.S.:

A. Location of U.S. embassy or consulate outside the U.S. where the applicant will obtain an H-1B visa if the applicant is outside the U.S., or if the requested extension of stay or change of status cannot be granted.

City: _____ Country: _____

B. Canadian citizens only:

Port of entry into the US city: _____ State: _____

H1-B applicant's permanent address outside of the US: _____

Current telephone number: _____ Current fax number (if any): _____

If the applicant is in the US, complete this information:

H-1B applicant's US mailing address: _____

Date of last arrival in the US (MM/DD/YYYY): _____ I-94 Number(white card): _____

Current non-immigrant visa status (ex. J-1, F-1): _____ Visa expiration date: _____

Applicant's passport information

Passport number: _____ Passport city and region of birth: _____

Issue date of passport: _____ Expiration date of passport: _____

Applicant's education information

University where degree was earned: _____

College/university address: _____

Date degree was earned: _____ Degree type: _____

Signature of person preparing this form (type or print)

Print name

Date

Be sure to complete the next page

Please let us know if you *have received* or if you *have been approved to receive* any of the following U.S.-based public benefits (select all that apply):

- Any federal, state, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called “food stamps”)
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

If you have received any of the above benefits, or have been approved to receive any of them, please provide the below information:

Type of Benefit:

Agency that granted the benefit:

Date you started to receive the benefit or date you will start receiving the benefit:

Date the benefit ended or expires:

If you have information to provide on more than one benefit, please include the above information for each benefit below:

Please submit this form to the Division of Global Engagement together with the Department H-1B Request Form and the other documents listed on the H-1B Visa Checklist as one complete packet.