

Office of International Student and Scholar Services

H-1B, O-1 or TN Employee Application Form

Department Sponsor Information											
Su	pervis	or Name:			Supervisor Title:						
Su	pervis	or E-mail:		Academi		c School/Department:					
Biographical and Contact Information											
Last (Family) Name:			First Name:				Middle Nar	ne:			
Other Names Used:											
Da	te of I	Birth (mm/dd/yyyy):		Country of Citizenship:							
Country of Birth:					City & Province of Birth:						
U.S. Home Address (if applicable):											
Home Country Address:											
Email Address:					Telephone #:						
			Nonimmig	rant St	atus Informa	tion					
Pa	ssport	issued by (country):			Passport Number:						
Passport Issue Date:					Passport Expiration Date:						
Ar	e you	currently in the United Stat	es? YES	NO							
Current Visa Status:			Expiration Date:			Date of Last Entry to U.S.:					
I-9	4 Nun	nber (if in U.S.):		U.S. So	ocial Security	Number , if a	applicable:				
If you are currently in F-1 status, please provide your EAD end date:											
Have you ever held J-1 or J-2 visa status in the U.S.? YES NO											
	Date of all previous periods in J-1 and/or J-2 Status:										
=	Have you been or are you now subject to 212(e) , the two-year home residency requirement? YES NO										
L	If yes, do you have a waiver or evidence that you are no longer subject to 212(e)? YES NO										

General Information											
Highest Degree Received:		Primary Field of Study:									
Required for Initial, Extension and Change of Status applicants: List the city and country of the U.S. embassy/ consulate abroad where you will apply for the H-1B visa.											
City:		Country:									
Have you ever been denied the immigration classification you are now requesting? No Yes											
If yes, explain:											
Are you in removal proceedings? No Yes											
If yes, explain:											
If you are in the U.S., dates of intended travel within the next 6 months:											
Previous Periods of H-1B Status											
Please complete the following section if you have ever before been in H-1B status:											
Employer's Name and Address	Start and End Dates Employment	of Jo	b Title	Visa Type							
(Example): XYZ University 1 Main Street Hoboken, NJ 07030	8/15/2010 to 07/01/20	11 Adm	inistrator	H-1B							
	Danandan	t Information									
If your dependents are included in marriage certificate & birth certificate with the certific	this application, provide th	ne following information		opies of passports,							
Complete Name		Date of Birth	Relationship								
	Donofician	y Cartification									
I certify that the information contained herein is true to the best of my knowledge. Further, with my signature, I certify that copies of documents submitted for the purpose of attaining H-1B classification are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services or to Consular officials at a later date.											
Signature:	Printed Name	:		Date:							