

H-1B Bio-Data Form

PERSONAL DATA

Last/ Family Name

First/Given Name

Middle Name

Date of Birth: Month, Day, Year

Male or Female

Single or Married

Dependents: Yes or No

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

E-mail Address

U.S. IMMIGRATION DATA

CURRENTLY IN THE U.S. DATA

Are you currently in the U.S.? Yes or No

If yes, Current Immigration Status: _____

If yes, what is your current I-94 number: _____

If you answered "Yes" to any of the above questions, you must attach (to this form) legible photocopies (front and back) of all immigration documents issued (passport Biographical page and expiration page, Form I-94, DS-2019, I-20, EAD, I-797) for you and your dependents (if applicable)

PASSPORT DATA

Do you have a valid passport? Yes or No

If yes, please print your name as it is on the passport: _____

If yes, which country issued the passport: _____ When will it expire: _____

'J' EXCHANGE VISITOR DATA

Have you **ever been** in the U.S. under a J-1 or J-2 visa status? Yes or No

If **yes**, attach (to this form) a chronological listing of previous Exchange Visitor training including beginning date, departure date, status (e.g. Researcher, Student, Trainee, etc.), program sponsor(s), and name(s) of training institution(s) or legible photocopies of all IAP-66 and/or DS-2019 forms issued to you and/or your dependents.

Were you sponsored by Educational Commission for Foreign Medical Graduates (ECFMG)? Yes or No

Were/are you subject to the 2-year home residency requirement? Yes or No

If yes, have you applied for a waiver of the two-year home residency obligation? Yes or No

If yes, on what grounds did you seek the waiver? Please Elaborate: _____

If yes, what is the status of your waiver? _____

If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.

'H' DATA

Have you ever been in the U.S. on the "H" classification (H-1B, H-4, etc.)? Yes or No

If yes, provide specific dates in H-1 and/or H-4 status by actual dates in each status applicable (please use a separate sheet of paper if needed): _____

During the period of the H-1B status have you or were you ever outside the United States? Yes or No

If yes, please provide dates of departure from the U.S.: date of return to the U.S.; location of travel outside the U.S.; purpose of travel; and, legible documents issued (passport Biographical page and expiration page, Form I-94, I-797) for you and your dependents (if applicable).

If you answered "Yes" to any of the above questions, you must attach (to this form) legible photocopies (front and back) of all immigration documents issued (passport Biographical page and expiration page, Form I-94, I-797) for you and your dependents (if applicable).

PERMANENT RESIDENCY APPLICATION DATA

Have you filed an application for permanent residency (green card) with the U.S. Government? Yes No

If yes, under what category? Family Employment Lottery

If yes, what is the status of application? _____

If employment based, what category (e.g. Outstanding, National Interest, etc.)? _____

If employment based, was application self petition or employer petition? _____

If employment based, please provide copy of USCIS receipt notice.

Have you filed an Adjustment of Status application (I-485) with U.S. Government? Yes No

If yes, do you have an Advance Parole (I-131)? Yes No

If yes, do you have an Employment Authorization Document (EAD)? Yes No

If yes, provide copies of all above (e.g. I-485, Advance Parole, EAD)

I hereby certify under penalty of perjury, that all information given on this form is true and correct.

International Visitor's Signature _____ **Date:** _____

Telephone: _____ Fax: _____ Email: _____

Current Address: _____

DEPENDENT(S) DATA

Will your dependents (family) members need H-4 status? Yes or No

If yes, please provide all the following information for each family member that will require H-4 status. To qualify for the H-4 visa, the individual must be the spouse or child (unmarried, under 21 years old).

Spouse

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	
Has dependent spouse ever been on J-1 or J-2 status? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, has dependent spouse been recommended and/or granted waiver of the two-year home residency obligation? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.		

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	
Has dependent spouse ever been on J-1 or J-2 status? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, has dependent spouse been recommended and/or granted waiver of the two-year home residency obligation? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.		

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	
Has dependent spouse ever been on J-1 or J-2 status? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, has dependent spouse been recommended and/or granted waiver of the two-year home residency obligation? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
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