



Office of International Services
2500 N. State St.
Jackson, MS 39216
Phone: (601) 984-1125/24
Fax: (601) 984-1376
E-mail: international@umc.edu

H-1B APPLICANT INFORMATION FORM

This form must be completed by the H-1B applicant. A copy of the applicant's curriculum vitae/resume should be returned with the completed form. Return this form together with the Request for H-1B Petition to the Office of International Services. Please enter all dates in the **MM/DD/YYYY** format.

Name (First, Middle, Last):

Phone Number:

Email Address:

Current Address:

City:

Zip Code:

State/Province:

Country of Birth:

Province of Birth:

Date of Birth:

Country of Citizenship:

Social Security Number:

Current Occupation:

Highest level of education obtained and major field of study:

If you are currently in the U.S., please answer the following:

Date of last arrival:

Current nonimmigrant status (F-1, H-1B, etc.):

Form I-94 #:

Date current status expires:

Passport #:

Passport Issue Date:

Passport Expiration Date:

Date that you will terminate employment with your current employer:

Please check one of the following:

I am requesting a "change to" or "extension of" H-1B status, to be effective on:

I will apply for an H-1B visa at the U.S. consulate in (City and Country):

If you will be accompanied by dependents, please answer the following:

Dependent's Name	Relationship	Nonimmigrant Status	Expiration Date
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Will any of the dependents listed above require a change to or extension of H-4 status? Yes No

Please give your immigration history and nonimmigrant status (F-1, J-1, H-1, etc.) for the past seven years. Do not include any periods of stay in B-1/B-2 visitor status.

Name of Employer/Sponsor	Nonimmigrant Status	Dates of Employment (from/to)
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Have you ever been involved in removal proceedings? Yes No

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

Has an immigrant petition (Form I-140) and/or application for permanent residence (Form I-485) ever been filed on your behalf? Yes No

If you answered yes to any of the questions above, please provide details:

Within the past 6 years, have you:

- worked in H-1B status at a college, university, or nonprofit/governmental institution? Yes No
- worked in H-1B status at a corporation or other "for profit" entity? Yes No
- left the United States for more than one year after attaining H-1B status? Yes No

If you indicated (above) that you were in a "J" nonimmigrant classification and you were subject to the two-year home residence requirement, please check the appropriate answer:

I returned to my home country for 2 years and fulfilled the home residency requirement.

I obtained a waiver of the 2-year home residency requirement

I certify to the best of my knowledge that the information provided on this form is correct and request that the University of Mississippi Medical Center submit an H-1B petition on my behalf.

Signature

Date