

SECTION A. About the Employee and Position at UCI

Name:	Family:	First:	Middle:
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>		
Do you have any dependents?	Yes: <input type="checkbox"/> (please complete Section B) No: <input type="checkbox"/>		
Date of Birth:	Month:	Day:	Year:
Birthplace:	City:	Province:	Country:
Country of Citizenship:			
Alien Registration # (if any):			
Passport #:			
Date Passport issued:	Month:	Day:	Year:
Passport expiration date:	Month:	Day:	Year:
Student & Exchange Visitor Information System (SEVIS) # (if any, (please list all):			
Have you ever had an EAD (Employment Authorization Document) card:	No: <input type="checkbox"/> Yes: <input type="checkbox"/> (if yes, please complete below)		
Employment Authorization Document (EAD) # (if any, please list all):			
Address Outside the United States:	Street:		State/Province:
	City:	Postal Code:	Country:

You are:	In the US or will apply for a COS/COE in the US: <input type="checkbox"/> Not in the US and/or will apply for an H-1B visa outside the US: <input type="checkbox"/>
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If you are in the United States or will apply for a COS/COE in the US, please provide current address:	Street:	City:
	State:	Zip Code:

Highest Degree obtained:	Bachelor's: <input type="checkbox"/> Masters: <input type="checkbox"/> Doctoral: <input type="checkbox"/>	Major:
Please provide copy of the degree certificate(s), <u>with translation if applicable</u> (if degree certificate doesn't list the major, please include transcripts as well)		

If you are in the United States, or will apply for a COS/COE in the US, please provide the following:	Type of current Visa status:			Was the most recent entry to the US from Canada or Mexico: No <input type="checkbox"/> Yes: <input type="checkbox"/>	I-94 expiration date: D/S <input type="checkbox"/> or	
	Begin date of current status:					
	Month:	Day:	Year:			
	Expiration date of current status:			I-94 expiration date:		
	Month:	Day:	Year:			
	Date of most recent entry to the US:			Month:	Day:	Year:
Month:	Day:	Year:				

Contact Information:	Phone # (work/home):	Phone # (Cell):	Email:
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United States Consulate where H-1B visa will be obtained if outside the US or COS/COE can't be granted in United States (if a Canadian citizen, please list inspection facility):	Consulate: <input type="checkbox"/> Pre-flight Inspection: <input type="checkbox"/> Port of Entry <input type="checkbox"/>	
	City (Outside the US):	Country:

Have you ever held H or L status:	No: <input type="checkbox"/>		
	Yes: <input type="checkbox"/> (if yes, please complete below)		
	Status Type:	Period of Stay (month/day/year)	
	From:	To:	

If more than one, please add below:

Have you ever held J-1 or J-2 status:	No: <input type="checkbox"/> Yes: <input type="checkbox"/>			
	(If yes, please complete below and provide all supporting documents DS-2019, Visa, I-612 waiver, etc.)			
	Period of Stay (month/day/year):			
	From:	To:	From:	To:
Were you ever subject to 212[e], the Two-Year Home Residency Requirement:	No: <input type="checkbox"/>		Yes: <input type="checkbox"/> (if yes, please complete below)	
	If Yes, did you receive the waiver:		No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
<p>CERTAIN, BUT NOT ALL, J-1 EXCHANGE VISITORS MAY BE SUBJECT TO A TWO-YEAR HOME COUNTRY PHYSICAL PRESENCE REQUIREMENT AND ARE NOT ELIGIBLE FOR H-1B STATUS UNTIL THE REQUIREMENT HAS BEEN SATISFIED OR WAIVED BY THE USCIS BASED ON A RECOMMENDATION FROM THE U.S. DEPARTMENT OF STATE. IF THIS TWO-YEAR REQUIREMENT DOES NOT APPLY, YOU ARE ELIGIBLE FOR H-1B STATUS. IF YOU HAVE PREVIOUSLY BEEN A J-1/J-2 EXCHANGE VISITOR, AND ARE UNCERTAIN AS TO WHETHER THIS REQUIREMENT APPLIES TO YOU, PLEASE CONSULT WITH UCI'S INTERNATIONAL CENTER.</p>				

Have you ever held F-1 or F-2 status?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> (if yes, please provide all supporting documents I-20, EAD, Visa, etc.)
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Do you have a Permanent Resident Application in Process:	No: <input type="checkbox"/> Yes: <input type="checkbox"/> (if yes, please provide details below)

Are you planning to travel outside of the United States within the next six (6) months:	No: <input type="checkbox"/> Yes: <input type="checkbox"/> (if yes, please provide details below)

Has any H-1B petition filed for the alien ever been denied?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> (if yes, please provide details below)

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Are you in the removal proceedings?	No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> (if yes, please provide details below)

Has any visa stamp application or any other filing with USCIS filed by the alien ever been denied?	No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> (if yes, please provide details below)

Location of Employment:	<input type="checkbox"/> Single job location (specify City/County/State): _____
	<input type="checkbox"/> Job is peripatetic in nature; Normal duties include frequent travel from location to location
	<input type="checkbox"/> Job will include occasional travel of 10 consecutive days or less
	<input type="checkbox"/> Job will include SHORT-TERM PLACEMENTS in other work location(s) of: <ul style="list-style-type: none"> <input type="checkbox"/> Less than 30 days during one year period <input type="checkbox"/> Up to 60 days during one year period <input type="checkbox"/> More than 60 days in one year period; Employee will maintain "office" at the primary location
	Specify other work location(s) (specify City/County/State): _____
<input type="checkbox"/> Job includes other work location for more than 60 days per year which the employee will not maintain an "office" at the primary work location, specify other work location(s) (specify City/County/State): _____	

About the position (please check with your department)	Hiring Department:	
	Payroll title:	
	Payroll title code:	
	Salary per year on H-1B start date: \$ _____ /year	
	Does this position supervise the work of other employees?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> if yes, # of employees will supervise:
	Has this appointment been approved?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (if no, please check with International Center if it's ok to continue with the H-1B request)
	Dates of H-1B employment (month/day/year):	From: _____ To: _____

SECTION B. About the H-1B Beneficiary's Dependents (Spouse and Children Under 21)

Full Name:			Relationship to you:
Country of Citizenship:			Country of birth:
Date of birth:			Current Visa status:
Month:	Day:	Year:	
Full Name:			Relationship to you:
Country of Citizenship:			Country of birth:

Date of birth:			Current Visa status:
Month:	Day:	Year:	
Full Name:			Relationship to you:
Country of Citizenship:			Country of birth:
Date of birth:			Current Visa status:
Month:	Day:	Year:	
Full Name:			Relationship to you:
Country of Citizenship:			Country of birth:
Date of birth:			Current Visa status:
Month:	Day:	Year:	