UCI International Center H-1B Employee Information Form

SECTION A. BIOGRAPI	IICAL INFORIVIATIO	V							
FAMILY/SURNAME:			FIRST NAME:			MIDDLE NAME:			
DATE OF BIRTH (MM/DD/YYYY)	ONTH:	H: DAY:				YEAR	YEAR:		
CITY OF BIRTH:		PROV	PROVINCE/STATE OF BIRTH:		BIRTH:	COUNTRY OF BIRTH:			
COUNTRY OF CITIZENSHIP:		PASSPOR		RT NUMBER:					
PASSPORT ISSUE DATE (MM/DD/YYYY):	MONTH:			DAY:		YEAR:			
PASSPORT EXPIRATION DATE (MM/DD/YYYY):	MONTH:	MONTH:		DAY:		YEAR	YEAR:		
HOME COUNTRY ADDRESS	STREET ADDRES	S:							
	CITY:			STATE/PROVINCE:					
	POSTAL CODE:				COUNTRY:				
ADDRESS INSIDE OF THE U.S.	STREET ADDRES	STREET ADDRESS:							
(IF APPLICABLE)	CITY:	CITY:		STATE:			POSTAL CODE:		
PHONE NUMBER(S):	HOME/WORK:	HOME/WORK:		MOBILE:					
EMAIL ADDRESS:			l						
SECTION B. H-1B INFO	RMATION								
SECTION B. H-1B INFO		ING FOR H-1B	OUTSIE	E OF THE	U.S.				
	JOIN APPLY	ING FOR H-1B				ANGE OF EMI	PLOYER (COE	Ξ)	
HOW DO YOU PLAN TO	JOIN □ APPLY □ IN THE		IGE OF S	STATUS (C	OS) OR CH		PLOYER (COE	•	
HOW DO YOU PLAN TO UCI AS H-1B?	O JOIN ☐ APPLY☐ IN THE N YOUR H-1B VISA	U.S. BY CHAN	IGE OF S	STATUS (C	OS) OR CH	RY 🗆 PRE-F		CTION*	
HOW DO YOU PLAN TO UCI AS H-1B? HOW WILL YOU OBTA	O JOIN ☐ APPLY☐ IN THE N YOUR H-1B VISA DOSE ONE, MUST	U.S. BY CHAN	IGE OF S	STATUS (C	OS) OR CH	RY 🗆 PRE-F	LIGHT INSPE	CTION*	
HOW DO YOU PLAN TO UCI AS H-1B? HOW WILL YOU OBTA OUTSIDE THE US? (CH	O JOIN ☐ APPLY☐ IN THE N YOUR H-1B VISA DOSE ONE, MUST	U.S. BY CHAN	IGE OF S	STATUS (C	OS) OR CH	RY 🗆 PRE-F	LIGHT INSPE	CTION*	
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IC Office Use Only: Date Received: _____ | Revised On 3.16.2018[1]

UCI International Center H-1B Employee Information Form

SECTION D. IMMIGRATION HISTORY							
F-1 OR F-2 STATUS							
HAVE YOU EVER HELD F-1 OR F-2 STATUS?	☐ YES [□ NO					
PLEASE LIST ALL SEVIS NUMBERS FOR F-1/F-2 STATUS:							
J-1 OR J-2 STATUS							
HAVE YOU EVER HELD J-1 OR J-2 STATUS?	☐ YES [□NO					
PLEASE LIST ALL SEVIS NUMBERS FOR J-1/J-2 STATUS:							
PERIOD(S) OF STAY:	FROM (MM/DD/YYYY):				TO (MM/DD/YYYY):		
	FROM (MM/DD/YYYY):				TO (MM/DD/YYYY):		
WERE YOU SUBJECT TO THE TWO-YEAR HOME COUNTRY PHYSICAL PRESENCE REQUIREMENT?			☐ YES	□NO			
·			☐ YES	YES □ NO			
J-1 Exchange Visitors may be subject to the status until the requirement has been satisfito you, please consult with the UCI Internation	ied or waive	d by USC					
H-1B OR L-1 STATUS	T	_					
HAVE YOU EVER HAD H-1B OR L-1 STATUS?	☐ YES ☐ NO						
IF YES, PLEASE LIST STATUS AND DURATION:	☐ H-1B START (MM/☐ L-1 START (MM/				END (MM/DD/YYYY): END (MM/DD/YYYY):		
	□ L-1						
PERMANENT RESIDENCY							
ARE YOU IN THE PROCESS OF APPLYING FOR		P.R.? ☐ YES ☐ NO					
PROVIDE DETAILS ABOUT P.R. APPLICATION (CASE NUMBER, TYPE OF APPLICATION):							
EMPLOYMENT AUTHORIZATION DOCUMEN							
HAVE YOU EVER RECEIVED AN EAD?							
PLEASE LIST DATES OF ALL EAD CARDS: If more space is required, please list	START (MM/DD/YYYY):				END (MM/DD/YYYY):		
information at the end of this form.	START (MM/DD/YYYY):				END (MM/DD/YYYY):		
DENIALS							
HAVE YOU BEEN, OR ARE YOU A PART OF ANY REMOVAL PROCEEDINGS?				☐ YES (Provide explanation below) ☐ NO			
HAVE YOU EVER FILED FOR AN H-1B PETITION AND RECEIVED A DE			DENIAL?	AL? YES (Provide explanation below) NO			
HAVE YOU EVER RECEIVED A VISA DENIAL?				☐ YES (Provide explanation below) ☐ NO			
HAVE YOU EVER RECEIVED A DENIAL FROM USCIS?			☐ YES (Provide explanation below) ☐ NO				
PROVIDE AN EXPLANATION IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS UNDER 'DENIALS':							

UCI International Center ◆ Irvine, CA 92697-5255 ◆ P: 949.824.7249 ◆ F: 949.824.3090 ◆ internationalcenter@uci.edu ◆ www.ic.uci.edu

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SECTION E. DEPENDENT INFORMATION					
DO YOU PLAN TO HAVE DEPENI	DENTS AS H-4 STATUS?:	☐ YES (List information below)) ☐ NO (Skip this section)			
DEPENDENT 1					
SURNAME/FAMILY NAME:		FIRST NAME:			
RELATIONSHIP TO YOU:	☐ SPOUSE ☐ CHILD				
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:			
DATE OF BIRTH		CURRENT VISA			
(MM/DD/YYYY):		STATUS (If any):			
DEPENDENT 2					
SURNAME/FAMILY NAME:		FIRST NAME:			
RELATIONSHIP TO YOU:	☐ SPOUSE ☐ CHILD				
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:			
DATE OF BIRTH (MM/DD/YYYY):		CURRENT VISA STATUS (If any):			
DEPENDENT 3					
SURNAME/FAMILY NAME:		FIRST NAME:			
RELATIONSHIP TO YOU:	☐ SPOUSE ☐ CHILD				
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:			
DATE OF BIRTH		CURRENT VISA			
(MM/DD/YYYY):		STATUS (If any):			
ADDITIONAL INFORMATION					
Please provide any information	here that did not fit in the spaces	given above.			

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