H-1B Employee Questionnaire

Please print or type required information. Return all forms to your University of Rochester hiring department. This form should be completed for all types of H-1B petitions. If more room is needed to answer a question, please attach a separate sheet of paper. Please write “n/a” for questions that are not applicable to you. H-1Bs filed on behalf of the U of R are processed through the ISO and not by outside attorneys. Please review the required documentation list on page 7. For timely processing, please send all required documentation together.

1. Name of H-1B employee

____________________________________________________________________________________________________________________
Surname or family name       Given or first name       Middle name  

2. Gender □ Male        □ Female

University of Rochester telephone number (if known) _____________________________

3. Name of University of Rochester Department where you will be an employee:

__________________________________________________________________________________________________________________

3a. Name of your University of Rochester supervisor ______________________________________ Phone extension # _____________________________

4. Marital status □ Married       □ Engaged       □ Not Married

5. Date and place of birth ______________________________________________________________________________________________

Month/day/year  City  State or province  Country

6. Country of citizenship _______________________________________________________________________________________________

7. Country of legal permanent residence __________________________________________________________________________________

8. Passport information:

Passport # _____________________________________  Passport expiration date ______________________________________________

Country of passport issuance _____________________________

9. If you are currently outside of the U.S., list the location of United States Embassy or Consulate at which you will apply for visa. Canadian citizens, please provide port of entry.

_______________________________________________________________________________________________________________________________

City  Country (this is required information)

10. If you are currently outside the U.S., please provide your proposed port of entry into the U.S. (airport, seaport, border crossing, etc.).

_______________________________________________________________________________________________________________________________

11. Current or most recent position, occupation or profession, and name of employer or school:

_______________________________________________________________________________________________________________________________
12. Specify degrees held, name of school, country where school is located, and year degrees were awarded.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Field Degree Is In</th>
<th>Name of school</th>
<th>Country where school is located</th>
<th>Year degree was awarded</th>
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13. Mailing address outside of the U.S. (At least one complete foreign address is required. Use a relative’s address if necessary.)

_________________________________________________________________________________________________________________

Telephone number with country code  Mobile telephone number with country code

E-mail address

14. Provide a complete name, address, telephone, fax number and/or e-mail address for a person to contact in case of an emergency.

Name  Relationship to H-1B employee  Language spoken

_________________________________________________________________________________________________________________

Telephone number with country code  Fax number with country code

E-mail address

15. Provide a complete United States home address, if known. If not, give address to the Office of Immigration Services after arrival in the U.S. Do not give your laboratory or office number.

_________________________________________________________________________________________________________________

Telephone number  Mobile telephone number with country code  E-mail address
16. Provide a complete history of your visits to the United States for the past 10 years. List dates of stay, the types of visas you used to enter the United States, and length of each stay.

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<tr>
<th>Type of Visa</th>
<th>Arrival Date in U.S.</th>
<th>Departure Date from U.S.</th>
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17. Are you physically located in: ☐ United States ☐ Other-- please specify country: ________________________________

18. Are you requesting: ☐ an extension of current nonimmigrant status, which is ________________________________
   ☐ a change of nonimmigrant status from ________________________________ to ________________________________

19. Have you ever been in the J-1 or J-2 nonimmigrant status? ☐ Yes ☐ No
   If yes, list dates of stay in the United States while in J-1 or J-2 nonimmigrant status and the J-1 category:
   ☐ Student ☐ Research Scholar ☐ Professor ☐ Short-term Scholar ☐ Trainee ☐ Medical Trainee ☐ J-2 Dependent
   ☐ Other - specify: _________________________________________________________________________________________________

20. Were you subject to the two-year home residency requirement? ☐ Yes ☐ No
    If yes, how did you fulfill the two-year home residency requirement?
    __________________________________________________________________________________________________

21. Have you ever applied for a waiver of the two-year home residence requirement associated with the J status?
    ☐ Yes ☐ No
    If yes, was it approved? ☐ Yes ☐ No ☐ Pending

22. If in the United States, indicate current nonimmigrant status and expiration date:
    __________________________________________________________________________________________________

23. If in the United States, indicate last date of entry and port of entry:
    __________________________________________________________________________________________________

23a. I-94 Card Number: _____________________________________________________________________________________________
*Please use this website to locate your number: https://i94.cbp.dhs.gov/I94/#/home.
24. Indicate the following relatives who are permanent residents or citizens of the United States:

☐ spouse  ☐ parent  ☐ child, specify age _________  ☐ not applicable

☐ person you are engaged to be married to

If engaged to a United States citizen, indicate date of the pending marriage: ____________________________________________________

25. Have you ever filed, or has anyone ever filed for you, any forms, petitions, and applications or labor certification for lawful permanent residence at a US Immigration Office in the US or at a US Embassy or Consulate outside the U.S.?  ☐ Yes  ☐ No  If yes, please provide details:  _______________________________________________

__________________________________________________________________________________________________________________

26. Has any U.S. visa application of any kind filed by you, or for you, ever been denied?  ☐ Yes  ☐ No

If yes, please provide details and location of US Consulate/Embassy:

27. Are you, or any family members who will be accompanying you, currently in U.S. exclusion or deportation proceedings?

☐ Yes  ☐ No  If yes, please provide details:

28. If you have a US Social Security number enter it here:   -   -   -   -   -   -   -   -   -

29. My spouse and/or children:

☐ will accompany me to the University of Rochester and travel at the same time as me

☐ will accompany me to the University of Rochester and travel separately from me

☐ will remain outside of the United States

☐ currently reside with me in the United States

☐ My spouse/child are not in a dependent status and are in their own status which is:

☐ other - please explain: __________________________________________________________________________________________

NOTE: Please complete the ISO’s Family Member Information form for spouse and/or children, single and under 21 years of age.

30. List names, ages, and current non-immigrant statuses of all accompanying family members.


31. If you are currently in the U.S. and are filing for a change of status to H-1B or an extension of H-1B status, please list any intended travel dates outside the US over the next six months.

Note: an H-1B or H-4 nonimmigrant should not travel outside the US while his or her petition is pending with USCIS.

32. Please list any other information the University of Rochester needs to know in order to process your H-1B Petition.
33. Are you currently working with an immigration attorney on permanent residence? ☐ Yes ☐ No

If yes, what type of petition are you filing? ____________________________________________________________

33a. If an I-140 and/or I-485 have been filed, please provide the date of filing and the status of the case.

_____________________________________________________________________________________________________

* Please notify your attorney that any employer (U of R) sponsored I-140 petitions must be signed by Kathleen L. Strout or Janet R. Connor of the ISO.

Please return this signature page, in its ORIGINAL form (no fax, copy, or scan), to the ISO.

The applicant for the H-1B non-immigrant status must read and sign the following.

The information given on this request form and on any attached sheet(s) is true, correct, and complete according to my best information. I have read the attached information sheets and will comply with the H-1B nonimmigrant status regulations and maintain at all times, for myself and any accompanying family members, during my stay in the United States, the required health insurance, medical evacuation insurance, and repatriation of remains insurance.

_____________________________________________________________________________________________________

Signature      Date

_____________________________________________________________________________________________________

Printed name

*Please return paperwork printed single-sided only, not double-sided*

Return this form, along with any Family Member Information forms, if applicable, to your University of Rochester Hiring Department

The hiring department will forward this form to the International Services Office at the University of Rochester
Please return this signature page, in its ORIGINAL form (no fax, copy, or scan), to the ISO. This page is included with the petition to USCIS, and an original signature is required.

"Copies of documents submitted are exact photocopies of unaltered documents and I understand that I may be required to submit original documents to an Immigration of Consular official at a later date."

Signature: __________________________________________________________

Typed or printed name: ______________________________________________

Date: _________________
Employee Documentation Required for H-1B Petition

Submit the following documentation, as it is applicable to the case, to your hiring department along with your H-1B Employee Questionnaire.

1. A current photograph of the H-1B applicant and any accompanying family members with names printed on the back of the photograph(s). These photographs are for the University of Rochester immigration file and not USCIS. New photographs are not required for extensions filed by the University. Please make certain all copies are clear and readable.

2. Last two months’ pay statements, if employed.

3. If in the US, copies of both sides of the I-94 card for the foreign national and all accompanying family members.

4. If currently in the U.S., include a copy of applicable immigration documentation:
   - If in the F-1 status: copies of ALL I-20s, F-1 student documentation
   - If in the F-1 practical training status: copy of F-1 practical training employment authorization card and copies of ALL I-20s
   - If in the F-2 status: copy of spouse’s I-20(s)
   - If in the J-1 status: copy of ALL DS-2019s and IAP-66s and the waiver of the two-year home residency requirement from USCIS, if applicable
   - If in the J-1 Academic Training Status: copy of employment authorization letter from school of graduation and the waiver of two-year home residency requirement from USCIS, if applicable, and copies of all DS-2019s certificates.
   - If in the H-2B status: copy of ALL Form I-797 H-1B Approval Notices from the USCIS for present and past employers
   - If in the H-4 status: copy of ALL of spouse’s Form I-797 H-1B Approval Notices and H-4 Approval Notices from the USCIS
   - If in the TN or TD status: copy of ALL previous I-94 cards and letters supporting the TN or TD status
   - If in the O-1 or O-3 status: copy of ALL Form I-797 O-1 and O-3 Approval Notices from the USCIS for present and past employers

5. If accompanied by spouse and or children: copies of marriage and birth certificates, translated into English.

6. Copies of degrees and transcripts in both the original language and English are required by USCIS.

7. Credential Evaluation is required for degrees received outside the U.S. Credential evaluation means converting foreign academic credentials into their U.S. If your highest degree is from a U.S. School, then you do not need to have your degrees evaluated. One suggested credential evaluator is www.wes.org. However, you may use the credential evaluator of your choice, as long as they are a member of the Association of International Credential Evaluators (AICE) or the National Association of Credential Evaluation Services (NACES).

8. Copy of current curriculum vitae or resume.

9. Copy of identity and expiration pages of passport (for H-1B applicant and all accompanying family members.) The passport must be kept valid while in the U.S.

9.a. Copy of most recent visa sticker.

10. If a medical doctor or dentist: copy of medical degree or dentistry degree and license in home country, translated into English.

11. If a medical doctor: copy of ECFMG certificate documenting valid (not expired or about to expire) English exam certification OR Pass result of ECFMG English exam. (Not required of graduates from accredited Canadian medical schools.)

12. If a medical doctor: copy of Pass results of:
   - USMLE – Steps I, II and III, OR NBME – Parts I, II and III, OR FLEX Parts I and II
   - Please note combinations of exams (e.g. USMLE – Steps I and II and FLEX-Component II) are not acceptable

13. If a medical doctor or dentist: copy of New York State medical or dental license.

14. If a medical doctor or dentist: proof of residencies, fellowships, and board certifications.