



H-1B Specialty Occupations Biographical Information Form

Used for CCSU Employment-Based Immigration Petitions

Name: _____

First name	Middle initial	Last/Surname name
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Gender: Female Male

Date of Birth (*please write out, i.e., June 5, 1965*): _____

Phone Number: _____

Current U.S. Address: _____

Overseas Address: _____

E-mail Address: _____

City of Birth: _____

Province of Birth: _____

Country of Birth: _____

Legal Permanent Resident of (*country in which you permanently reside*): _____

U.S. Social Security Number (*if any*): _____

Passport Number: _____

Country of Issue: _____

Date of Issue: _____

Expiration Date: _____

Date of Last Entry to the U.S.: _____

I-94 Number (small white card in passport): _____

Current U.S. Immigration Status (*F-1, J-1, H-1B*): _____

Expiration Date of Current Status: (e.g. *June 5, 1965*): _____

Have you previously been granted H-1B status? Yes No

If yes, provide dates when the status was held and sponsor: _____

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

If yes, explain: _____

Are you in U.S. deportation or removal proceedings? Yes No

Has anyone (family or employer) filed a green card application on your behalf? Yes No

Do you have any dependents (spouse, minor children)? Yes No

If yes, complete the following:

Name	Relationship to you	Date of Birth (MM/DD/YYYY)	City, Province and Country of Birth	Current U.S. Immigration Status

Have you previously been granted J-1 or J-2 status? Yes No

If yes, provide dates when status was held and name of sponsor: _____

Were you granted a J-1 waiver? Yes No

If yes, provide a copy of the waiver letter.

CONSULATE INFORMATION

Provide the address of the U.S. Consulate (or Embassy) closest to your home county of residence:

Address

City

Country

PUBLIC BENEFITS

Have you received or are you currently certified to receive any type of public benefit? Yes No

If yes, select all types of public benefits that apply

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (ANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP)
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under Housing Act of 1937, 42 U.S.C. 1437 et seq
- Federal- Funded Medicaid

Agency that granted the benefit: _____

Date you started or will start receiving the benefit (mm/dd/yyyy): _____

Date benefit ended or expires (mm/dd/yyyy): _____

If you have received or you are currently certified the public benefit

- Are you enlisted in Armed Force or are you the spouse or child of individual who is enlisted in Armed Force or in the Ready Reserve Component of the U.S Armed Force? Yes No
- Were you or your spouse or parent enlisted in the Armed Force or in the Ready Reserve Component of the U.S Armed Force? Yes No
- Were you present in the U.S in a status exempt from the public charge? Yes No
- Were you present in the U.S after being granted a waiver of public charge? Yes No
- Are you a child currently residing aboard who entered the U.S with nonimmigration visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322? Yes No

If yes in any of the above questions, provide the evidence.

Have you received, applied for, or has been certified to receive federally funded Medicaid in connect with any of the

following (select all that apply): Provide the evidence

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State Law
- While under the age of 21
- While pregnant or during the 60-day period following the last date of pregnancy

Provide the applicable date from: (mm/dd/yyyy): _____ To: (mm/dd/yyyy) _____

Required Attachments

*(Please attach **three (3) copies** of the following documents, as applicable. **Do not staple any documents.**)*

- Curriculum Vitae
- Information page of your passport
- If present in the U.S., current visa and both sides of your I-94 card
- Employment Authorization Card (EAD used during OPT and by a J-2 spouse)
- I-20, IAP-66, and/or DS-2019 forms that were issued to you, if you ever held F-1 or J-1 visa status in the U.S.
- Passport page showing the J visa stamp
- J-1 foreign residency waiver approval notice (for those subject to the 2-year country residence requirement)
- All prior Form I-797 Approval Notice for H-1B petitions or extensions
- Credential evaluation from a recognized U.S. credential evaluation service (required for non-U.S. diplomas)
- Diploma(s)
- Post-secondary transcripts (English translation)
- Pay stubs for the last three months of employment (applicable to H-1B transfers only)
- Letter of employment

Please keep an original copy and email the completed forms along with a copy of all documents to ISSS.

Attention: Toyin Awoderu
 International Student and Scholar Services, (ISSS)
 Central Connecticut State University
 1615 Stanley Street,
 New Britain, CT 06050
Tel: 860-832-2052 // Fax: 860-832-2047 // Email: ayenio@ccsu.edu