

H-1B EXTENSION QUESTIONNAIRE FOR EMPLOYEE

\*Please attach a copy of your most current vitae

EMPLOYEE:

Name: \_\_\_\_\_  
Last/Family First Middle

Any other names used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YY

Country of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence address in the U.S.: \_\_\_\_\_

(Please note that USCIS must be notified within 10 days of a change of residence)

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (other)

E-mail address: \_\_\_\_\_

Most recent residence address in your home country:

Street Address			
City	State/Province	Postal Code	Country

Most recent date of entrance to the U.S.: \_\_\_\_\_

Current I-94 #: \_\_\_\_\_ \*\*Please provide a copy of the I-94\*\*

Passport Number \_\_\_\_\_

Date passport issued \_\_\_\_\_ Date passport expires \_\_\_\_\_

\*\*Please provide a copy of the pages in your passport needed to confirm identity\*\*

IMMIGRATION HISTORY:

Expiration date of current H-1B status: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Prior periods in H-1B status:

Employer	From	To
Employer	From	To

Within the past 7 years, have you

- been denied H-1B status or an H-1B visa? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been granted or J-2 status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were you subject to the two-year home residency requirement? \_\_\_\_\_

Have you ever been granted another immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details \_\_\_\_\_

Note: The information requested below is a required field on the H1B petition. It must be completed whether the employee is in the U.S. or not and whether or not the individual intends to apply for an H-1B visa

Choice of U.S. Consulate or Embassy abroad:

City: \_\_\_\_\_ Country: \_\_\_\_\_ Board Post (Canadians Only)

Reminder: The H-1B petition cannot be filed without the above information

DEPENDENTS IN THE UNITED STATES:

If you are in the United States with a spouse and/or 10.0(w)(2)(i)-(t)-(e) win, sanato apply fw9-1(i)-rn.