

## H-1B Information Form

Type of H-1B request: \_\_\_\_\_

**A. Biographical and immigration information**

1. Name on passport: \_\_\_\_\_  
last first middle

2. Other names (maiden name, other spellings, etc.): \_\_\_\_\_

3. Birth date (mm/dd/yyyy): \_\_\_\_\_ A# (if any): \_\_\_\_\_

4. Birth country: \_\_\_\_\_ Birth province: \_\_\_\_\_ Citizenship country: \_\_\_\_\_

5. Passport #: \_\_\_\_\_ Passport issued: \_\_\_\_\_ Passport expires: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

6. Is this person currently in the U.S.?  No – skip to #7  Yes – complete 6a, 6b, & 6c

a. U.S. home address: \_\_\_\_\_  
street address – include apartment #, if any city state zip code

b. Date of last arrival in the U.S. (mm/dd/yyyy): \_\_\_\_\_ I-94 number: \_\_\_\_\_

c. Current nonimmigrant status (F-1, H-1B, etc.): \_\_\_\_\_ Status expires (mm/dd/yyyy): \_\_\_\_\_

7. Please answer (a) or (b) as appropriate (tentative response is fine):

a. Non-Canadians: At which [U.S. embassy/consulate](#) will the person most likely apply for a visa?

City: \_\_\_\_\_ Country: \_\_\_\_\_

b. Canadians: At which [preclearance location](#) or [port of entry](#) will the person most likely enter the U.S.?

City: \_\_\_\_\_ Country/U.S. state: \_\_\_\_\_

8. Foreign address (if any): \_\_\_\_\_  
street address apt/bldg name & room # (if any)

city/town province/state/region postal code country

9. Is this person currently in removal (deportation) proceedings?  No  Yes

10. Has this person ever held J-1 or J-2 status?  No  Yes – dates: \_\_\_\_\_  
attach copies of DS-2019s, IAP-66s, or J visas

11. Has this person ever been denied H-1B classification?  No  Yes – attach copy of denial notice

12. Has this person ever held H-1, H-2, H-3, or L-1 status?  No  Yes – dates: \_\_\_\_\_  
attach copies of I-94s, admission stamps, I-797A/I-797B

13. Is this person planning to travel outside the U.S. in the next 6 months? Attach another sheet for additional trips.

No  Yes – travel dates: \_\_\_\_\_ to \_\_\_\_\_ Country: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**B. UH employment**

1. Position title: \_\_\_\_\_ Intended H-1B dates: \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

2. Primary worksite: \_\_\_\_\_  
campus college/school/unit department

street address city state zip code

3. Additional worksite(s) – provide street address(es): \_\_\_\_\_

4. Salary: \$ \_\_\_\_\_ per year Addl. compensation (if any): \_\_\_\_\_

