

The Employment Equity Office Phone: (805) 756-6770. Fax (805) 756-7150. employequity@calpoly.edu

## H-1B APPLICANT INFORMATION FORM

This form is intended to provide information for a Cal Poly employee (current or prospective) who will be the beneficiary of an H-1B petition. This form should be completed by the H-1B beneficiary and submitted to the Employment Equity Office along with the request for an H-1B Petition form. Faxed copies are accepted.

Employee Name:						
Family Name (CAPS):	First Name:	Middle Name:				
Current Phone Number:						
Home: Work:	E-mail Address	:				
Current Mailing Address:						
Date of Birth: (mm/dd/yyyy)	ountry of Birth:	City of Birth:				
Country of Citizenship:  Country of legal, permanent residence (if different):						
US Social Security #: A  (If none, write "none")	lien Registration Number (if known):	(8-9 Digits proceeded by an 'A')				
Are you currently in the U.S.? Yes	No Are you currently employed by	Cal Poly? Yes No				
If you are currently in the U.S. please answ	er the following:					
Last Date of Arrival:	Admission Number on I-94:					
mm/dd/yyyy	mm/d	d/yyyy				
Current immigration status:	Date current immigrat	ion expires:				
Please check ONE of the following:						
I am currently in the U.S. and am requesting a change to or an extension of H-1B status to be effective on:						
☐ I will apply for an H1-B visa at the U.S. Emb	passy or consulate in: (city, country)	(mm/dd/yyyy)				
☐ I am a citizen of Canada and will enter the						
Which U.S. Embassy or consulate is closest	to your home in your home country?					

If you are applying for a char of the petition approval?		f status in the U.S., would you st	ill like a U.S. Embassy or consulate notifie
If YES, which embassy o	or consulate? (list ci	ty and country)	
Your address in your home	country:		
Passport Expiration Date:	/11/		
Will/do you have a spouse a	mm/dd/yyyy ind/or children with	you in the U.S.?	0
If YES please fill out Table			
PLEASE ANSWER ALL OF TH	E FOLLOWING QUE	STIONS:	
Has your attorney applied for	Labor Certification f	or you? 🔲 Yes 🔲 No	
Has your attorney filed an I-14	10 petition (Permane	nt Residence) for you?	No
Have you applied for perman	ent residence status	(filed an I-485)?	
Are you (or any of your deper	ndents listed in the Ta	able 1) in exclusion or deportatior	proceedings with the USCIS?
If you answered YES to any related documents and atta	-		rate sheet of paper and provide copies of
IF THIS IS THE FIRST H-1B PI	ETITION TO BE FILE	O FOR YOU BY CAL POLY:	
Have you (or any of your depostatus? Yes No	endents applying for	H-4 status) EVER held J-1, J-2, H-1	B, or H-4 immigration
,	•	t seven years in Table 2 (page 3). I Iso give their immigration status f	
Please remember to com	plete any applical	ble tables (see page 3). When	h this completed application form. complete, please print, sign and date iments to the Employment Equity Offi
I certify that the above inform change of status to H-1B if so		quest that Cal Poly submit an H-1E	B petition on my behalf. I also request a
Signature:		Name:	Date:
please print	and sign	print or type	mm/dd/yyyy

## PLEASE COMPLETE THE FOLLOWING TABLES IF APPLICABLE:

**Table 1.** Please fill out this table if you checked YES on page 2, "Will/do you have a spouse and/or children with you in the U.S.?" You may use and attach an extra sheet of paper if additional space is needed.

Name	Immigration Status	Dates	Employer or Sponsor (J-1 or H-1B Only)

**Table 2.** Please list your U.S. immigration status for the past seven years. If your dependent(s) is/are applying for a change of status to H-4, please also give their immigration status for the past seven years (attach additional sheets if necessary)

Name	Relationship (spouse, son, daughter)	Date of Birth	Currently in the U.S.?	Expiration Date of Passport/Passport Issued by ( Country Name)

## THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS H-1B APPLICANT INFORMATION FORM:

A separate check or money order in the amount of \$300 payable to USCIS only if you have dependents currently in the U.S. who will require a change of status to H-4. One check (\$300) covers all dependents.

## Copy of:

- Your 1-94 (arrival/departure records)
- ALL of your I-20s or IAP-66s/DS-2019s, if applicable
- Your U.S. Social Security Card
- Your Employment Authorization Document (EAD), if applicable
- Your curriculum vitae or resume
- University transcripts and/or diploma which documents your degree; if these documents are not in English, provide an English translation.
- Job offer/appointment letter
- Your passport information pages, including the page indicating the passport expiration date
- Previous H-1B petition(s) and supporting documents, if applicable
- I-94s of all dependents applying for H-4 status
- Marriage Certificate, if requesting H-4 status for spouse
- Birth Certificates for all dependents
- Passport information pages, including the page indicating the passport expiration date, of all dependents applying for H-4 status.

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