INITIAL H -1B QUESTIONNAIRE FOR EMPLOYEE (To be completed by the ospective H1B candidate)

*Please attach a copy of your most current vitae

EMPLOYEE:

Name:					
Last/Fa	mily	First	Middle		
Any other names used:		Date of <u>Birth:</u>			
Country of Birth:		Province of Birt	th:		
Country of Citizensh	nip:				
	social security number ty number to Human R		IfVyess, please provide a co	ру	
Residence address	the U.S <u>.</u>				
(Please	note that USCIS must be no	ntified within 10 days o	of a change of residence address)		
Telephone Number:		(home)		(other)	
E-mail address:					
Most recent residen	ce address in your hom	ne country:			
	·	·			
	Street Address				
City	State/Province	Postal (Code Country		
Highest degree gran	nted:				
Institution where high	hest degree was obtair	ned:			
_	, G				
IMMIGRATION HIS	TORY:				
If you are already in	the U.S., provide your	current immigration	on status:		
Expiration date of co	urrent status:/ MM DE	/ D YY			
Within the past 7 ye - been granted HBs	ars, have you status? Yes	No			