

University Medical Resident Services, P.C.
H-1B QUESTIONNAIRE FOR MEDICAL RESIDENTS

SECTION 1: ABOUT THE MEDICAL RESIDENT:

(To be completed by the Medical Resident)

Name: _____
Last/Family *First* *Middle*

Date of birth: ____/____/____ U.S. Social Security #: _____ - _____ - _____
MM DD YY

Country of birth: _____ City of birth: _____

Province/State of birth: _____ Country of citizenship: _____

Residence address in the U.S. _____

(Please note that USCIS and Immigration Services must be notified within 10 days of a change of residence address. Use Form AR-11, available on UB Immigration Services web site to notify of change of address.)

Telephone numbers: _____ (home) _____ (work)

E-mail address: _____

Most recent residence address in home country:

Street Address

City *State/Province* *Postal Code* *Country*

IMMIGRATION HISTORY:

If the individual is in the U.S., provide current immigration status: _____

Expiration date of current status: ____/____/____
MM DD YY

Within the past 7 years, has the individual
 - been granted H-1B status? _____ Yes _____ No
 - been denied H-1B status? _____ Yes _____ No

If yes, please provide the full name of the employer, the dates of employment and the USCIS receipt number.

Has the individual ever been granted J-1 or J-2 status? _____ Yes _____ No
 If yes, was the individual subject to the two-year home residency requirement? _____ Yes _____ No

Has the individual ever been granted another immigration status? _____ Yes _____ No

If yes, please provide details _____

Note:

The information requested below is a required field on the H-1B 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: (Must be in home country)

City: _____ Country: _____ Border Post (*Canadians Only*):

Reminder:

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

DEPENDENTS IN THE UNITED STATES:

If the individual is in the United States with spouse and/or child/ren, please indicate:

<u>Name</u>	<u>Date of Birth</u>	<u>Country of Birth</u>	<u>Immigration Status</u>	<u>Relationship</u>
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I certify under penalty of perjury that the information I have provided above and in support of my request of H-1B status and of H-4 status for my dependents, if any, is correct and complete to the best of my recollection and ability. I acknowledge that I have a duty to fully disclose my immigration matters to University Medical Resident Services, P.C. and to UB Immigration Services and that my failure to comply with that requirement may result in denial or revocation of my immigration benefits by USCIS. I also acknowledge that I am solely responsible for maintaining my status and that of my dependents.

Signature

Print Name

Date

