

## H-1B Specialty Occupations Biographical Information Form Used for CCSU Employment-Based Immigration Petitions

Name:			
	First name	Middle initial	Last/Surname name
Gender:			
Date of Birth (please wi	rite out, i.e., June 5,	1965):	
Phone Number:			
Current U.S. Address:			
Overseas Address:			
E-mail Address:			
City of Birth:			
Province of Birth:			
Country of Birth:			
Legal Permanent Reside	ent of (country in wh	ich you permanently re	side):
U.S. Social Security Nu	ımber ( <i>if any</i> ):		
Passport Number:			
Country of Issue:			
Date of Issue:			
Expiration Date:			
Date of Last Entry to th	e U.S.:		
I-94 Number (small wh	ite card in passport):		
Current U.S. Immigration	on Status ( <i>F-1, J-1, H</i>	H-1B):	
Expiration Date of Curr	ent Status: (e.g. <i>June</i>	2 5, 1965):	

Have you previously be	een granted H-1B status	?	No	
If yes, provide dates wl	hen the status was held a	and sponsor:		
Have you ever been de	nied the H-1B classifica	tion?	Yes □ No	
If yes, explain:				
Are you in U.S. deporta	ation or removal procee	dings?	No	
Has anyone (family or	employer) filed a green	card application on y	our behalf?	□ Yes □ No
Do you have any deper	ndents (spouse, minor ch	nildren)? 🗆 Yes 🗆	No	
If yes, complete the fol	lowing:			
Name	Relationship to you	Date of Birth (MM/DD/YYYY)	City, Province and Country of Birth	Current U.S. Immigration Status
	een granted J-1 or J-2 st	atus?	No	
	hen status was held and			
ir yes, provide dutes wi	non saucus was nord and			
Were you granted a J-1	waiver?	s 🗆 No		
If yes, provide a copy of	of the waiver letter.			
CONSULATE INFOR	MATION			
Provide the address of	the U.S. Consulate (or E	Embassy) closest to ye	our home county of re	esidence:
Address		City		Country

## PUBLIC BENEFITS

Have you received or are you currently certified to receive any type of public benefit? ☐ Yes ☐ No
If yes, select all types of public benefits that apply
☐ Any Federal, State, local or tribal cash assistance for income maintenance
☐ Supplemental Security Income (SSI)
☐ Temporary Assistance for Needy Families (ANF)
☐ General Assistance (GA)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
□ Public Housing under Housing Act of 1937, 42 U.S.C. 1437 et seq
☐ Federal- Funded Medicaid
Agency that granted the benefit:
Date you started or will start receiving the benefit (mm/dd/yyyy):
Date benefit ended or expires (mm/dd/yyyy):
If you have received or you are currently certified the public benefit
• Are you enlisted in Armed Force or are you the spouse or child of individual who is enlisted in Armed
Force or in the Ready Reserve Component of the U.S Armed Force?
• Were you or your spouse or parent enlisted in the Armed Force or in the Ready Reserve Component of
the U.S Armed Force? $\Box$ Yes $\Box$ No
• Were you present in the U.S in a status exempt from the public charge? ☐ Yes ☐ No
• Were you present in the U.S after being granted a waiver of public charge? ☐ Yes ☐ No
• Are you a child currently residing aboard who entered the U.S with nonimmigration visa to attend an N-600K,
Application for Citizenship and Issuance of Certificate Under INA Section 322? ☐ Yes ☐ No
If yes in any of the above questions, provide the evidence.

Have you received, applied for, or has been certified to receive federally funded Medicaid in connect with any of the

following (select all that apply): Provide the evidence					
☐ An emergency medical condition	An emergency medical condition				
☐ For a service under the Individuals with Disabilities Education Act (IDEA)					
☐ Other school-based benefits or services available up to	the oldest age eligible for secondary education under State				
Law					
☐ While under the age of 21					
☐ While pregnant or during the 60-day period following the last date of pregnancy					
Provide the applicable date from: (mm/dd/vvvv):	To: (mm/dd/yyyy)				

## Required Attachments

Please allach inree (3) copies of the following documents, as applicable. Do not stuple any documents.)
Curriculum Vitae
Information page of your passport
If present in the U.S., current visa and both sides of your I-94 card
Employment Authorization Card (EAD used during OPT and by a J-2 spouse)
I-20, IAP-66, and/or DS-2019 forms that were issued to you, if you ever held F-1 or J-1 visa status in the U.S.
Passport page showing the J visa stamp
J-1 foreign residency waiver approval notice (for those subject to the 2-year country residence requirement)
All prior Form I-797 Approval Notice for H-1B petitions or extensions
Credential evaluation from a recognized U.S. credential evaluation service (required for non-U.S. diplomas)
Diploma(s)
Post-secondary transcripts (English translation)
Pay stubs for the last three months of employment (applicable to H-1B transfers only)
Letter of employment

Please keep an original copy and email the completed forms along with a copy of all documents to CIE.

Attention: Toyin Ayeni
Center for International Education
Central Connecticut State University
1615 Stanley Street,
New Britain, CT 06050

Tel: 860-832-2052 // Fax: 860-832-2047 // Email: ayenio@ccsu.edu