



International Programs Office

H-1B NON-IMMIGRANT QUESTIONNAIRE

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law);(2) receive and review that information; and (3) have the information corrected at no charge.

Contact: (208-282-5460)

Please complete this form in its entirety. Indicate N/A if the information is not applicable to you.

Table with 3 columns: Last Name, First (Given) Names, Date of Birth, Country of Citizenship, Country of Birth, Country of Legal Permanent Residence, Gender, Current Phone Number, Email Address.

Table with 2 columns: Current Address, Foreign Mailing Address.

PREVIOUS Work HISTORY

What is your occupation and place of employment in your home country? University Private Institution Government Institution Other
Do you have a USA Social Security Number? If yes, provide:
Country you lived in before coming to the USA:
Have you been in the U.S. before? If yes, when?
In what immigration status (visa)?
Have you ever worked in the USA? Yes No If yes, please explain:
Have you ever been deported from the USA? Yes No If yes, when?
If H1-B currently, how long have you had this status?

**CURRENT LEGAL STATUS**

Current Immigration Status: \_\_\_\_\_ When does your I-94 expire? \_\_\_\_\_  
Date of last entry in the U.S. as shown on your I-94: \_\_\_\_\_  
If under Practical Training, when did you commence it? \_\_\_\_\_  
If you have an EAD (Employment Authorization Document) when does it expire? \_\_\_\_\_  
Have you ever applied for an extension of your non-immigrant visa? Yes  
No If yes, when? \_\_\_\_\_ If yes, what type of visa? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

What degree(s) have you obtained? \_\_\_\_\_  
Field of study exactly as stated on diploma(s) or transcript(s): \_\_\_\_\_  
Country where degree(s) was/were obtained: \_\_\_\_\_  
Are you currently enrolled in a degree program? Yes No  
If yes, where? \_\_\_\_\_  
Do you plan to be enrolled in classes at Idaho State University? Yes No

**APPOINTMENT INFORMATION**

Sponsoring faculty department: \_\_\_\_\_  
Department head (Chair): \_\_\_\_\_  
Faculty Sponsor (Faculty member sponsoring and/or supervising you)  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address of department where you will work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Prospective employment start date: \_\_\_\_\_  
Title of position: \_\_\_\_\_  
Degrees required for the position: \_\_\_\_\_  
Post-degree experience required for the position: \_\_\_\_\_  
Job description of proposed duties (summarize): \_\_\_\_\_

Location of U.S. Consulate to be notified of approval of petition outside the U.S. (where you plan to apply for your H-1B visa): \_\_\_\_\_

**DEPENDENT INFORMATION**

Will you have dependents (spouse or children) traveling with you?    Yes    No

If so, please complete the following:

<b>SPOUSE</b>		
<b>Last Name</b>	<b>First (Given) Names</b>	<b>Date of Birth</b>
<b>Country of Citizenship</b>	<b>Country of Birth</b>	<b>Country of Legal Permanent Residence</b>
<b>Gender</b>		
Male    Female		

<b>CHILD</b>		
<b>Last Name</b>	<b>First (Given) Names</b>	<b>Date of Birth</b>
<b>Country of Citizenship</b>	<b>Country of Birth</b>	<b>Country of Legal Permanent Residence</b>
<b>Gender</b>		
Male    Female		

<b>CHILD</b>		
<b>Last Name</b>	<b>First (Given) Names</b>	<b>Date of Birth</b>
<b>Country of Citizenship</b>	<b>Country of Birth</b>	<b>Country of Legal Permanent Residence</b>
<b>Gender</b>		
Male    Female		

**For All Applicants**

Other information you need to supply, or did not have room for in the above spaces: